THE

MEDICAL AND SURGICAL REPORTER

No. 1608. PHILADELPHIA, DECEMBER 24, 1887. VOL. LVII.—No. 26.

ORIGINAL DEPARTMENT.

CLINICAL LECTURE.

ACNE.

BY HENRY J. REYNOLDS, M.D.,

Professor of Dermatology in the College of Physicians and Surgeons, Chicago; Professor of Skin and Genito-Urinary Diseases, Chicago Policlinic.

Gentlemen:—We have here to-day a case, which, though it represents a very common disease, very well illustrates the subject which we are about to consider. You will recollect at a previous lecture the consideration of several diseases of the sebaceous glands, which were characterized mainly by functional disorder. To-day we proceed to a consideration of an inflammatory disease of those glands, known as *acne.*

Acne, is perhaps with one exception, the commonest of all skin diseases, and is an affection, the general appearance of which is undoubtedly familiar to all of you. It is that condition which is commonly known as "pimples on the face." While the favorite location, or principal seat of the disease, is the face, it may occur upon any portion of the surface of the body in which sebaceous glands are found. Ordinarily, however, the shoulders and chest are the parts principally affected when it is not confined to the face. The disease almost invariably first manifests itself about the age of puberty, and it rarely continues beyond the twentieth or twenty-fifth year. It is met with in both sexes, but is perhaps more common in the male. The characteristic lesions of the disease are papules and pustules. The papules, as in many other inflammatory affections of the skin, are generally of a reddish color, each lesion usually representing the location of a sebaceous gland. There are very few subjective symptoms in the disease, there being neither pain, itching, nor other subjective sensation of any consequence. As the disease is an affection of the sebaceous glands, and the sebaceous glands are uniformly distributed throughout the affected region, so the lesions necessarily assume a symmetrical arrangement. Another very important characteristic observed during the career of this disease is what are called comedones, or popularly "black-heads;" a condition with which you are doubtless familiar. These small lesions are met with in every case of acne, distributed here and there throughout the affected locality, and they constitute one of the most important diagnostic points. The disease is of course not contagious in character. As a rule, it is self-limited, yet it naturally tends to become chronic, often lasting several years. Now, while the affection is chiefly a local one, or while it interests us particularly on account of its local manifestations, like very many other local diseases, it is always influenced, aggravated or prolonged, if not actually produced, by certain constitutional or remote causes. As a rule, however, there is not necessarily any serious constitutional disturbance in this disease. Frequently, digestive disorders, constipation, etc., are met with, and it seems highly probable that in many cases the disease depends largely on some disorder of the sexual or generative organs, such as menstrual disorders in the female, or congestion of the womb, and irritability of the urethra, especially of the prostatic portion, in the male.

Like many other forms of skin disease, various names are used to designate the different forms of acne, the so-called different forms receiving their name from the cause, the form of lesion, the location, or the stage of the disease. For instance, we have a form of acne known as *acne artificialis*, a form which generally assumes a universal character, and is produced by the toxic effects of certain drugs, as the iodide of potassium. *Acne papulosa*, in which papules are the predominating lesions; *acne pustulosa*, the character of the affection is pustular; *acne vulgaris*, the ordinary form of acne, in which both forms of lesions are almost invariably met with; *acne indurata*, in which the papules are large and deep, assuming almost a tubercular character, or the character of nodules, with little discoloration on the surface, and in which we generally find some pus deep down in the lesion (*acne cachecticorum*); and *acne rosacea*, which assumes a rosy or erythematous character—a form of acne usually met with late in life, and which, owing to its many distinct characteristics, will be hereafter separately considered.

The history of the case to which I now wish to direct your attention is as follows: The patient is a male, sixteen years of age, and, as you see, apparently in a fair state of health. He has had an eruption of this character on his face, with a few lesions upon the chest and shoulders, for about two years. He says he has never had sexual intercourse, and never practiced self-abuse. But on investigation of the sexual organs, we find that almost the entire glans penis, underneath the prepuce, is coated over by a thick mass of what is probably subcutaneous secretion, showing in a measure the relation between disorder of these organs and the disease we are considering; and on exploring the urethra with a bulbous metallic sound, we find it to be extremely sensitive, especially in the prosthatic portion. As he passes around among you, I wish you to investigate the case with a view to discovering the features I have just mentioned as characteristic of acne. While it is at once evident to all of you that the case represents one of ordinary pimples on the face, it is necessary, in order to obtain a scientific knowledge of the affection—as certain other diseases assume similar characteristics—to consider the various manifestations carefully and individually. The location of the eruption and the age of the patient are at once suggestive. By closer examination you find the lesions to be papules and pustules, the skin between them being comparatively free from redness or other indications of disease. The patient gives no history of any subjective symptoms; a feature, the importance of which is recognized when we come to contrast it with certain other diseases, as eczema, for instance. You at once observe the symmetrical character here manifested. You see plainly and distinctly the numerous comedones or so-called "black-heads," distributed, like the acne eruption, symmetrically over the face. There is, of course, no history of contagion. The chronic character of the disease is apparent from the fact that it has already existed in this case for two years. Further, while the condition of the genital organs just referred to, is not necessarily a symptom of acne, it is important to note such disorder, inasmuch as I have stated that it is frequently met with in the disease. I wish, furthermore, to call your attention to a few lesions in this case, which have almost a tubercular or nodular character, without much red discoloration. This form of lesion predominates in certain cases, and gives the disease the name *acne indurata*.

Etiology.—As regards its etiology, acne, like many other skin diseases, is probably due in a measure to both local and constitutional causes. With reference to the local causes, I may mention, first, impaired function of the sebaceous glands,—though this may itself be due to constitutional causes. But, impairment of function of the sebaceous glands once established in this particular locality, we have, as an almost natural consequence, a "plugging up" of the sebaceous ducts with sebaceous matter. The outer portion of this sebaceous plug becomes blackened, and constitutes what is known as a "black head" or a "comedone." These, in time, apparently act as foreign bodies in that particular locality, and inflammation, swelling, and suppuration follow. Now, while many acne papules and pustules undoubtedly originate in this manner, it is nevertheless probable that some lesions arise independently of this cause. It is probable that the insufficient use of soap on the face, which should dissolve off the sebaceous secretion, and should facilitate its free exit, has much to do with the original trouble, which afterwards develops into true acne.

As already stated, in regard to the constitutional symptoms, we frequently meet with derangement of the digestive apparatus, constipation, anæmia, menstrual, urethral, or genital disorders. But whether these conditions are actually causes of acne, or whether they, and likewise acne, all depend upon some other still more remote condition or not, it is difficult to say. It is well known

that the age at which acne first manifests itself—puberty—is a very important epoch in the life of the individual. It is the age at which the development or maturing of the reproductive organs becomes completed. The patient is in a transition period between childhood and adult life. This is an age at which there is necessarily a disturbance in the equilibrium of the nervous system. This condition of the nervous system has, I think, much to do with the development of the disease under consideration, if it is not also the true cause of the many constitutional or remote conditions on which acne is frequently said to depend: dyspepsia, constipation, menstrual and other sexual disturbances.

Another point, which should not be overlooked in considering the local causes of this disease, has reference to a very important physiological phenomenon which is observed at this age: namely, the development of the hairs, as of the beard, etc. The sebaceous glands lie in immediate contact with the hair follicles: the one being an appendage of the other. The development, or growth, of hair which occurs at this time of life naturally implies physiological activity of the parts involved: viz., the hair follicles and sebaceous glands. It is an established fact that any part or organ which is overtaxed, or in an increased state of physiological activity, becomes very readily impaired in function, and the physiological afflux of blood to the part may then produce a pathological condition or an inflammation of that particular locality. Now, when we find this state of affairs, and remember that there is already a want of harmonious equilibrium in the nervous system, as we have just endeavored to show, which presides over all functions, acne would seem almost a natural consequence.

Pathology.—Acne represents an inflammation of the sebaceous glands and peri-glandular structures, corresponding in a sense to the disease which I described a short time ago as *miliaria*, which represents an inflammation of the sudoriferous glands and peri-glandular tissue. Certain lesions met with in acne, generally embraced under the head of acne indurata, though giving no outward indication of an inflammatory condition, generally contain, deep down in the tissues, a small amount of pus, and are in reality small dermic abscesses.

Diagnosis.—The disease is at once recognized from the age of the patient, the location of the affection, the form of the lesions, its symmetrical distribution, the presence of comedones, and its chronic character. While, however, in ordinary cases a diagnosis may be made with comparative certainty without considering any differential diagnostic points, there are cases in which it is necessary to differentiate this from other affections of the skin, the most important of which are sycosis, eczema, syphilis, and in some cases variola. By closely observing the following diagnostic tables, a diagnosis can always be made with positiveness:

ACNE.	SYCOSIS.
1. Entire face.	1. Bearded portion only.
2. Comedones.	2. None.
3. Generally healthy skin between the lesions.	3. Diffuse redness.
4. Papules and pustules not penetrated by a hair.	4. They are.
5. Little subjective sensation.	5. Pain and burning.
6. Puberty.	6. Adult life.

ACNE.	ECZEMA.
1. Little itching.	1. Intense itching at times.
2. Skin generally healthy between lesions.	2. General redness of skin.
3. No scaling or crusting.	3. Liability to both.
4. Symmetrical.	4. Patchy.
5. May be dry.	5. Watery exudation.
6. Comedones.	6. None.
7. Puberty.	7. Any age.
8. Generally confined to face.	8. If on face, ears, scalp, other parts are pretty sure to be involved.

ACNE.	SYPHILIS.
1. No syphilitic history.	1. Generally able to obtain a syphilitic history.
2. Puberty.	2. Generally in adult life.
3. Generally confined to face.	3. May be general.
4. Comedones and other sebaceous disorders.	4. None.
5. No ulceration.	5. May have.
6. No crusting.	6. There is.
7. Bright red.	7. Dark red or copper color.
8. Lesions discrete.	8. May be in groups, arranged in circular or semi-circular manner.
9. Aggravated or unimproved by syphilitic treatment.	9. Always improves under syphilitic treatment.
10. Lesions comparatively short-lived as a rule.	10. Lesions more stationary.

A differentiation from variola will perhaps only be necssary in the generalized form of acne which is sometimes produced by the use of the iodide of potassium internally. While this condition is not very common, it sometimes occurs even when a very small amount of the drug is used, and the pustules are so generally distributed and universal that there is in many respects a very striking resemblance between the two affections. In artificial acne we have to guide us a knowledge of the fact that the patient has taken the iodide of potassium or some other similar drug previous to the appearance of the erup-

tion; the more speedy development of the pustules; the absence of a history of exposure to small-pox, and of the fever and other constitutional disturbances which are characteristic of the latter disease.

Treatment.—Inasmuch as acne is a disease which, as a rule, does not respond very readily to treatment, very many remedies have been recommended by different observers at different times. There are certain general principles, however, which it is more important to remember in treating this disease than the numberless remedies said to be useful for it. As the affection is due to both local and constitutional causes, so the treatment must be both local and constitutional in character. As in all other diseases, it is well to keep in mind the cause or the pathological condition to be combated or removed. Acne may generally be temporarily relieved in a short space of time by certain local applications. Perhaps the most important remedies for local use are green soap, sulphur, boric acid, and bichloride of mercury. A plan of treatment, which will be found the most satisfactory, is to wash the face three times a day in water as hot as can be borne by the patient. After carefully washing in the morning and at noon, a soothing ointment may be applied,—as, for instance, ung. aquæ rosæ; or, instead, sulphuris loti, one-half drachm, to ung. aquæ rosæ one ounce; or, instead of the sulphur, four grains of bichloride of mercury may be incorporated, or a half drachm or a drachm of boric acid. After thoroughly bathing again with hot water and plenty of soap at night, green soap may be applied, and allowed to remain on over night. Or it may be applied in the form known as *spiritus saponis kalinus*, which is about two parts of green soap to one of alcohol, filtered, and flavored with lavender. This preparation will often be found preferable to the pure green soap, inasmuch as green soap is sometimes too irritating to be tolerated for any length of time.

Since many of the acne lesions are due to a "plugging up" of the sebaceous ducts, it is always advisable in beginning the treat- to remove these plugs with what is known as a comedone extractor. As these comedones are constantly reproduced, or developed in other localities, the same process requires to be repeated every time the patient is seen. In many cases of acne I have found that the cure was much expedited by electricity applied to the affected parts, in the form of the Faradic or the galvanic current, preferably the latter, which, in order to be beneficial, should be carefully and judiciously applied, at least once in twenty-four hours. Lancing freely with a small, sharp knife, will always be found to expedite the disappearance of the papules and pustules, and this procedure becomes absolutely necessary in the deep lesions of acne indurata. These indurated lesions require to be lanced very deeply, as they are sure to have pus down in the bottom. After lancing them, if the part were left undisturbed, they would immediately heal over on the surface and the pus formation would again go on in this miniature dermic abscess as before. It will, therefore, be seen that something further is necessary in the management of lesions of this character, and it is my custom invariably after lancing and squeezing out the pus to insert with a fine probe a small piece of absorbent cotton saturated with carbolic acid. This not only has a tendency to destroy the tendency to formation of pus in the lesion, but it helps to keep it open until healing takes place from the bottom. In this manner, the lesions are completely eradicated without leaving a perceptible scar, whereas, without surgical interference, they would continue indefinitely as indurated lesions.

The indications for constitutional treatment are numerous and vary with the cases. As we generally meet with digestive troubles, sexual disorders, or an anæmic condition, remedies suited to these conditions must be used. Constipation should never be allowed to continue during the treatment of acne. Among the remedies employed internally, which are supposed to have a direct effect upon the disease, are sulphide of calcium and ergot. The sulphide of calcium may be given three times a day in doses varying from one-fourth to one grain. This remedy is supposed to be useful in most pustular affections. The beneficial effects of ergot are supposed to be due either to an action upon the non-striated muscular fibres of the skin, or upon the vaso-motor nervous system, or to its direct action upon the uterus. Inasmuch as this drug has generally been found more useful in females than in males, it is probable that its efficacy depends more on its local action upon the uterus than upon any of its other ascribed virtues. It may be given in half drachm doses of the fluid extract three times a day, either alone or in combination with other drugs which are indicated by certain constitutional derangements. Arsenic, which has always been so popular a remedy in skin affections, and which has been recommended by some in this disease, I have found in my experience absolutely worthless. Vaginal douches of water as hot as can be

borne seem in many cases to greatly aid in the cure of acne. Likewise the occasional passage of a metallic sound in the male urethra, with a view to overcoming sensitiveness in the prostatic portion, seems in some cases to be a valuable procedure. Candies, pastry, and other sweet articles of diet seem almost invariably to aggravate acne and must always be prohibited.

The patient before you, who first came under our observation about two weeks ago, we have treated only by an ordinary laxative internally, and the passage of a full-sized sound into the urethra every few days, and there seems already a decided improvement. Some of the lesions have been lanced, however, in the manner I have previously described, and this, of course, is necessary in any line of treatment.

In conclusion, I may only add that you must never burden your minds in this or any other disease with a knowledge of specific remedies to the neglect of observation of remote or constitutional disorders, which, though they may not directly produce the disease, almost invariably aggravate or prolong it.

COMMUNICATIONS.

CATARRHAL VULVO-VAGINITIS IN CHILDREN.

BY THEOPHILUS PARVIN, M.D.,

Professor of Obstetrics, Diseases of Women and of Children, Jefferson Medical College, Philadelphia.

Within two weeks there have been presented at the dispensary for diseases of children of Jefferson Medical College Hospital, three girls, the oldest seven years of age, suffering with leucorrhœa. It may therefore be stated that the disease is not uncommon; and possibly a brief consideration of its causes, character and treatment will prove of some value to the general practitioner.

The subjects may be infants at the breast, or older children. It is not restricted to the poor, but may affect the offspring of the rich, or those in comparatively easy circumstances.

In some, the origin of the flow is simply a catarrhal inflammation of the vulva, but more frequently the vagina is also affected, either primarily or secondarily, and therefore the name given as the title of this paper is preferred. The extent to which the vagina is involved could only be ascertained by the use of a speculum, or of retractors; but such examination is impossible in many cases, scarcely advisable in any, and, if it be required, a Skene's urethral speculum may be employed in some cases. It will frequently be found that the subjects of this affection are not robust, even though there may be no obvious constitutional taint; in many instances they are pale and thin, and there may be elicited by inquiry a history of enlarged cervical glands, or of catarrhal affections of other mucous surfaces than of those now involved.

Probably the mother's attention will be first directed to the disease by finding mucopurulent stains upon the child's underclothing; or, if it be an infant, by observing similar stains upon the diapers, or upon giving the infant its daily bath, the flow may be seen at the vulvar orifice. The child, if old enough to tell its suffering, complains of itching and burning at the vulva; to relieve the former, rubbing the external organs of generation will be employed, a practice which may be the beginning of abominable, injurious and obstinate self-abuse. The inflammation may extend from the nymphæ and the inner surfaces of the greater lips to the external surface, and even to the substance of the greater lips, which then become very much swollen. In some cases, rare, however, an eczematous eruption appears upon the external face of each greater lip, and even extends to the adjacent skin as far as the groins and the upper parts of the thighs. But more frequently a visual examination will show simple excoriation of the parts, and small reddened surfaces upon the vulvar and vaginal entrance. The first condition results from scratching, and the second, possibly, from the irritant discharge, causing a superficial epithelial desquamation. There will also be seen coming from the vulvar orifice a fluid varying in color from a milk-like white to yellow, or even greenish, in consistence from an almost watery character, to the density of thick pus, and in quantity from a few drops to one or two teaspoonfuls, or even more.

Among the commonly alleged causes of the affection is want of cleanliness. But I am sure that in one of the three cases to which reference has been made, there was no such neglect. Self-abuse is also stated to be a cause; and I have recently met with an instance of this kind—the vile practice having been taught a child of eight years, and which no remonstrance, and no punishment could prevent; even when her hands were tied she would gratify the shameless passion with her heel. But let us be charitable, and careful not to attribute in all cases the vulvo-vaginal inflammation if associated with self-abuse to

the latter; for in most cases the relationship ought to be reversed, the onanism being the consequence of the former.

Foreign bodies may be accidentally, spontaneously or purposely introduced into the vagina. Ascarides, for example, passing out of the rectum may enter the vagina. One of the most remarkable instances of a foreign body having caused a vulvo-vaginitis has recently been reported in the *Annales de Gynécologie et d' Obstetrique*, by Professor Rouvier of the Faculty of Medicine, Beirut, Syria. The patient was a girl, seven years old, who had been for some time addicted to onanism, which is very common in Syria. Seven months before the doctor was consulted this girl was amusing herself with a companion of her age, and this companion, in a sudden freak, put the part of the shell of a hazle nut in her vagina. Injuries to the hymen, as in attempted rape, may give rise to the disease. It may have its origin in exposure to cold, if there should be a predisposition to affections of mucous surfaces. All are familiar with the story of an eminent practitioner who found disease of mucous membranes prevalent over others, and regarded the human being as simply a mucous membrane; when he retired from professional work, he remarked, "I have taken my last fee from a mucous membrane." Without being mislead by the exaggeration, we all recognize the fact that some individuals are predisposed to mucous fluxes, and let a girl, whether baby or child, have her external genital organs exposed to the action of damp cold, inflammation of the vulvo-vaginal canal, or of a part thereof, may result.

The duration of the disease varies in different subjects, but in general a longer time is required to cure it in a child than in an adult. More frequently, too, in the former constitutional treatment is necessary.

Of course, if it is known that there is a foreign body in the vagina, the first thing in the treatment is its removal. Whether, as asserted by some, thread-worms in the rectum, the worms not passing into the vagina, may cause the disease, is doubtful; but certainly they will aggravate it, and therefore should be gotten rid of by methods too familiar to the profession to need being stated. Another aggravating cause of the disorder is constipation, and of course this should be corrected. Warm hip-baths weakly impregnated with tar soap, or containing two per cent. of carbolic acid, should be used once or twice daily. If the labia are much swelled, a piece of lint dipped in lead water may be interposed. Should these present raw surfaces, dusting them with iodoform will be useful. Injections of an astringent or alterative character will be required in many cases; one of the simplest of these is borax dissolved in water, three or four grains to the ounce. Corrosive sublimate, or nitrate of silver, will often prove very useful—the one used in the proportion of 1 to 3000; the other, three grains to the ounce of distilled water: the objection to the one is possible accidental poisoning, and to the other the fact of its staining garments or bed clothing with which it may come in contact. Whatever material be the basis of the injection, the latter should be preceded by thorough washing out of the vagina with warm water; and the injection, too, must be warm. There is in some cases a struggle to get these little ones to submit to an injection, but the struggle will be more difficult for the mother or nurse if the attempt is made to inject a cold liquid into the vagina. The child should be lying upon the back, with the hips somewhat elevated, so that the injected fluid may come in contact with the entire vaginal wall, and so that it may be retained for a time. If weakness of action on the part of the mother, combined with wilfulness on the part of the child, prevent or render incomplete the vaginal injections, a partial substitute may be found in free bathing of the vulva with a warm solution of borax. Let the child be recumbent, the hips elevated, and the nurse or mother, separating the labia, squeeze into the opened vulva a stream of the solution, from a sponge saturated with it. But I wish in these cases especially to commend the iodoform pencils first suggested by Pott. A vaginal suppository is made with iodoform, three to six grains, and cocoa butter. It should be about the thickness of an ordinary lead pencil, and introduced into the vagina, one or two being used in the twenty-four hours. Of course, the child must remain lying down for a time after its introduction. In some cases in which injections failed, or were imperfectly used, or could not be employed from the indocility of the child, and the unwillingness of the mother to compel obedience, the results from the suppositories mentioned have been quite satisfactory.

In many cases the administration of a tonic, such as iron, is indicated, and in some cod-liver oil, and in others one of the preparations of arsenic.

—Small-pox is reported to have broken out in Allentown, Pa., four deaths and five new cases being reported from November 26 to December 1.

QUININE AS AN ABORTIFACIENT.

BY NOLAN STEWART, M.D.,
BURDETT, MISSISSIPPI.

The question as to whether or not quinine exhibits an abortifacient action is one which has elicited much discussion, and is one which has not, as yet, been settled. The observations and experiments made by various members of the profession, have yielded conflicting results. I present two cases in support of the view that quinine may justly be classed as an abortifacient:

Case I. On December the 8th, 1886, I was called to see A. A., mulatto, aged 29, well developed and healthy. On my arrival I found her experiencing uterine contractions of considerable violence. I obtained this history. She was the subject of a malarial toxæmia, the paroxysms being of the tertian variety. She had had two paroxysms previous to the present threatened abortion, and had taken of her own accord considerable quinine, though she could not tell the quantity. Upon digital examination I found the os uteri slightly dilated and very patulous. The membranes were not protruding. This was her eighth pregnancy, all the others going to full term, and the labors being perfectly natural and easy. She gave no history of violence, unless washing at the tub may be considered as coming under that category. She had been accustomed to perform such work during her former pregnancies without any untoward results. She did not think she had hurt herself at the tub. The pregnancy had existed for about four months. I succeeded in stopping the contractions of the uterus by giving decided doses of the tincture of opium, and pursuing the usual course in such cases. I enjoined complete rest. By these means the abortion was averted.

I thought that perhaps the quinine had not been the cause of this threatened abortion, and so ordered that it be taken should the chills recur. The malarial paroxysms did recur, and upon the administration of quinine, 20 grs. in 24 hours, the uterine contractions again commenced. She did not send for me, but discontinued the use of the quinine, and repeated the remedies I had formerly prescribed, there being some left from what I had before given her. She followed the directions previously given with the same result, the arrest of uterine contractions. After this the chill continued. I saw her no more, but on hearing of the econd threatened abortion, interdicted the further use of quinine should they recur, and directed her to let me know if she should again suffer from these paroxysms. Although they did continue, she did not advise me of the fact. On the morning of January 11, 1887, her husband came for me saying his wife was about to miscarry, and I learned from him that, contrary to my advice, she had recommenced the use of quinine. On my arrival at her house, I found that a five months fœtus had been delivered. The midwife had vainly endeavored to deliver the secundines.

Upon examination I found the difficulty to be due to an hour-glass contraction of the uterus, the firmness of the contraction being increased by the action of the quinine she had taken, and which was now exhibiting its full effect. After much effort, I succeeded in overcoming this contraction and delivering the placenta, which was adherent. There was some hemorrhage, but the uterus contracted nicely, and I gave a full dose of ergot as an additional measure to guard against hemorrhage. After the miscarriage, I repeated the quinine with the result of relieving my patient of the malarial attacks.

It is now ten months since her miscarriage. She is again pregnant, and has followed continuously her occupation, that of a washerwoman, since her recovery. She came to me ten days since, again suffering from malarial attacks. It is needless to say I did not give her quinine, but have controlled the paroxysms by means of arsenic.

Case II.—On April 27, 1887, W. O. applied to me for medicine for his wife. I had been treating him sometime for gonorrhœa, and his wife contracted the disease from him after she became pregnant. She followed my directions closely. On May 7, she was reported as greatly improved, and I sent her more medicine. A few days thereafter her gonorrhœal symptoms were all gone. Two weeks after she quit using the medicine I had given her, she commenced having chills, paroxysms being of the tertian variety. She procured some quinine and commenced its administration. The symptoms of gonorrhœa had entirely disappeared two weeks before she began to take quinine. I knew nothing of her taking quinine, for I should have advised against such a course. After taking the quinine for two days, she began to experience uterine contractions, and then some hemorrhage took place, upon which I was sent for. When I arrived at the house I found that a three months' fœtus had been expelled. The flooding had ceased, the uterus firmly contracted, and my patient resting easily.

The above are the details of two cases which are of considerable interest to me, and I hope also to other members of the profession.

Let us first notice some of the physiological actions of quinine. This drug acts as an irritant, a stimulant, a tonic, an antiperiodic, an antipyretic, and as an abortifacient. Eulenburg claims that when brought in contact with a nerve, it will not excite the motor force of the nerve and produce contraction of the muscles which it supplies, but that the drug must be brought directly in contact with the muscle. Hence, he asserts that it is a muscle-irritant, and not a nerve-irritant. One of the properties of muscular tissue is irritability, but very large doses of quinine, toxic doses, lessen the irritability. Quinine certainly produces phenomena through the instrumentality of the nervous system. In small therapeutic doses it produces an acceleration of the pulse rate, which, it is claimed, is due to a paralysis of the inhibitory nerves.

In tonic doses there is an increase in the blood pressure, due to a stimulation of the vaso-motor nerve centres. In large doses, I have noticed a quickening of the cardiac action and a rise in blood pressure temporarily; but, when the full effect of these doses is attained, the blood pressure is greatly lowered and the heart's action depressed. The quickening of the pulse rate has been repeatedly noticed when this drug is given in tonic doses, showing that quinine does exert an influence upon involuntary muscular tissue.

The muscular tissue of the heart is of the striated variety, though it is practically involuntary. The muscular tissue of the uterus is composed of the unstriped variety, and may be acted upon by quinine in the same manner as other involuntary muscular tissue. In tonic or antiperiodic doses, quinine stimulates the nervous centres. In small quantities, quinine stimulates the sympathetic nerves; but, in large doses, or small doses too often repeated, depresses the function of that system. This drug does not always act as an abortifacient for good reasons. When administered, it is to counteract some morbific influence, and its force is expended in this way; and hence does not cause any action in the muscles. I have repeatedly observed this action when administering quinine to counteract a malarial toxæmia: that, in a person so affected, no material influence upon the arterial pressure or heart's action is noticeable until the morbid condition has been almost or entirely overcome. Again, quinine acts as a stimulant primarily, but over-stimulation results in an exhaustion of vital force; and so large doses of this drug may cause depression of the cardiac action and inertia of the uterus, from the fact that the dose is so large that the stimulant action is too transitory to produce any decided effect upon either the heart or uterus, or in fact upon any involuntary muscle. Uterine actions which might be set up are, so to speak, crushed by the intensity of the action of the drug.

Bartholow, in his Materia Medica and Therapeutics, page 174, says: "Very numerous and conflicting statements have been put forth because there is no exact data. The few cases in which uterine action followed the administration of quinine were doubtless due to malarial intoxication or to other causes; and hence the association of uterine action with the effects of quinine was accidental."

Why should he select *malarial* toxæmia as the cause of uterine action, and say that such action being present when the effect of quinine is attained is only accidental? He lays special stress upon "malarial intoxication," because quinine is so universally employed in the treatment of malarial diseases.

Wood, in his work upon Therapeutics, Materia Medica and Toxicology, says: "It seems to me incredible, in the face of daily experience, that even the largest doses of quinia are abortifacient in malarial fevers or in health." It is true that quinine is given to women who are pregnant, and they do not miscarry; but there are reasons why it does not produce such a result in all cases.

Drs. Bartholow and Wood both claim that quinine is a valuable stimulant in uterine inertia, and a stimulant to uterine contractions *after* labor has commenced. If it is a stimulant to the uterus after contractions have commenced, why may it not by its action initiate these contractions?

Prof. Wood claims that this action upon the uterus is not through any "specific action of the drug," but that the contractions are induced by the drug "arousing the general nervous forces of the system, or, in other words, by its stimulant action upon the nervous centres controlling such action of the uterus.

If this be the case, quinine must be accorded the credit, for to say that it is not by a *specific* action, but through the instrumentality of the nervous system, is no argument that it does not exert an abortifacient action. Many medicines, upon which we rely as our sheet-anchors in the treatment of certain diseases, exercise a beneficial influence by

virtue of their action upon the nervous system. How could we influence the nervous system so as to produce the desired result, except by the administration of these remedies? Will any one seek to deprive these medicines of the credit of having produced the effects, simply because they do so through the instrumentality of the nervous system? I think not. It matters not whether the effect produced is accomplished by a "specific action of the drug" or by "arousing the general nervous forces." The fact remains that effect is produced by the drug either directly or indirectly.

In this section of our country, the swamp and malaria are, I may say, synonymous terms. Here the decomposing organic matter, the temperature, etc., are especially favorable to the development of the toxic malarial element. Daily we meet with women who are pregnant, and who exhibit the signs of "malarial intoxication." Many have a distinctly established malarial diathesis and yet they go to full term. Abortions are certainly not more frequent here than in other localities. I do believe that malarial toxæmia may cause abortion just as we see an abortion the result of the effect produced by other diseases. I do not think, however, that it shows any *special* tendency towards the production of miscarriages. It is more than probable that many abortions are attributed to malarial and other diseases, whereas quinine, which has been used in the treatment of those diseases, is the true cause. I do not claim that quinine, under all circumstances, tends to produce an abortion. It is given to relieve some pathological condition, and its action is expended in counteracting such, and consequently does not act as an abortifacient. A drug may produce a certain effect through its action upon the nervous system and yet be given in too small a quantity to excite the nervous action, or in too large a quantity, so as to overpower the nervous excitability, and thus in either case defeat an end which might otherwise have been produced.

In the first case it is of course possible that washing at the tub may have excited uterine contractions, but I do not think it at all probable for the following reasons:

First. This woman had been accustomed, in her former pregnancies, to wash at the tub and perform other domestic duties with impunity.

Second. That it can hardly be considered a coincidence that the exertions of washing should have caused the uterine contractions just at the time when the quinine was producing its full physiological effect.

Third. My patient did not again wash at the tub, or perform any other work; but, notwithstanding this, on two occasions subsequent to the first attack, uterine contractions commenced when the quinine was exhibiting its full effect.

Fourth. That on the two occasions a discontinuance of the quinine, and a resort to the treatment usual in such cases, an abortion was averted.

Fifth. Upon the administration of quinine the third time, the drug was not discontinued when the uterine action commenced, the fœtus having been expelled before I could give anything to prevent the abortion.

These reasons, I think, are sufficient to show that the abortion was not the result of the work which the woman was accustomed to perform when pregnant and when not pregnant.

In regard to the second case:

First. If this abortion had been caused by an extension of the inflammation to the uterus the woman would have suffered from the effects of it. This she has not done, never having had any symptom of uterine inflammation.

Second. If the abortion had occurred as a result of the extension of the inflammation due to the gonorrhœa, the miscarriage would have taken place before the subsidence of *all* inflammatory symptoms.

Third. The abortion did not take place until ten days, or longer, after all injections had been discontinued. So, evidently, injections could not have been the cause.

Fourth. The abortion took place just at the time when the quinine she had been taking was exhibiting its full power.

For these reasons I believe quinine to have been the cause of this abortion.

I never administer quinine to pregnant women now, without taking every precaution to prevent its action as an abortifacient. I believe if physicians will note carefully the effects of quinine, they will find that many abortions attributed to other causes may justly be traced to this drug.

—John W. Brooks, of Detroit, started from Chicago for New York, November 28. In clearing out his valise preparatory to packing it, he threw on the floor some pills taken by him while suffering recently from neuralgia. After Mr. Brooks left his rooms at the Antisdel House, his eighteen months old child found and eat the pills, and died the same evening.

ABDOMINAL SECTION; FOUR CASES.

BY R. S. SUTTON, M.D.,

PITTSBURGH, PA.

Reported by J. H. Williamson, M.D., Pittsburgh, Pa.

The writer of this report was present at each of the following four abdominal sections performed by Dr. R. S. Sutton, of Pittsburgh, Pa. The first operation was performed in one of the suburbs of Allegheny, Pa., and the other three at Dr. Sutton's private hospital in Allegheny, which was closed for repairs and improvement at the time of the first operation.

Case I.—Mrs. ——, Grand Rapids, Mich., aged 36 years. History: The patient first menstruated at 13 years. Her menses were regular and painless previous to the birth of her first and only child. She has had no miscarriages. She had fair health, though she was not rugged, until after her confinement. Her labor was a so-called "dry birth," the waters having escaped ten days before. She was delivered with instruments, but she had little trouble subsequently, her physician ceasing attendance in about two weeks, when she left her bed.

The return of her menses was marked by severe dysmenorrhœa. The menstrual periods were regular; but the dysmenorrhœa steadily increased in severity, and there was frequent menorrhagia. She lost flesh, and suffered constantly with sacral pains and general debility.

Four years ago she had a perineal abscess, which was supposed to be caused by riding on horseback over a rough and stony country. The abscess was of moderate size, was evacuated in six weeks, and was followed by an anal fistula.

One year later she had a second abscess, much larger and more severe, which, when evacuated, left a large defect in the tissues. This defect disappeared, but a second anal fistula was formed. The fistulæ persist at this time.

In February, 1887, the patient first noticed a lump in her right side, about as large as a goose egg. May 8, she was suddenly attacked with peritonitis and cellulitis, and was very sick for over two months. During this time the tumor, which had heretofore received very little attention, became more prominent, and her physician's attention was directed to it. A fibroid was diagnosticated by several physicians at the patient's home, and also in Pittsburgh, when she recovered sufficiently to be brought here.

Dr. Sutton saw the case in consultation with Dr. McCready, of Sewickly, Pa., about July 24, 1887. The patient was then very feeble, profoundly anæmic, her pulse and temperature above 100, and she was losing much blood from the uterus. The tumor referred to, lay behind and above the uterus, and both were movable together. There was also much bearing down pain. The indications pointed more directly to a fibroid of the uterus than to ovarian disease. The left ovary could not be felt at this time. Under the use of ergot, viburnum prunifolium, tonics, stimulants, and country air, she improved in every respect until after September 15. Toward the end of September she began to lose ground rapidly. By October 1, she was vomiting incessantly, her pulse was 132, her temperature above normal, and there was pain in the abdomen. On October 2, Drs. McCready and Sutton found a solid tumor behind the uterus, with considerable pain on pressure.

The abdominal features, however, had changed entirely during the ten weeks which had elapsed. The abdomen was now distended, and fluctuation was distinct, and it seemed probable that the tumor was ovarian.

About thirty-six hours after the consultation, in the presence of Drs. McCready, Williamson and others, Dr. Sutton opened the abdomen, and evacuated and removed a large cyst, which was rapidly separated from numerous adhesions. Passing his hand into the pelvis, he found the other ovary as large as an orange and *twisted* on its pedicle. The abdomen was washed out with hot water, a glass drainage tube was inserted, the wound was closed, and the patient was removed to her bed. After recovering from the shock of the operation, she made a speedy recovery.

Case II.—Mrs.——Pittsburgh, Pa. Aged 39 years. History: Patient first menstruated when 13 years of age; and was regular for the first year. During the next two years there was some menstrual irregularity, which subsequently disappeared. She never had dysmenorrhœa. She has one child, 15 years old; and has had no miscarriage. Four years ago she was troubled with cervical catarrh and erosion, which lasted a year. Her general health has always been good. Three years ago she discovered a small lump in her left side, and at the same time suffered with nausea and vomiting, pain under the sternum, and in the region of the lump, and slight feverishness. She was treated at the time for womb-disease, and in about two months had apparently recovered. Six months later, she had a similar, but less severe attack. Her health began to fail during the second year,

after she discovered the lump in her side. She had frequent attacks of nausea, flatulence and pain in the side and back, and was treated for dyspepsia, the tumor in the side receiving no attention. One year ago she was obliged to take to her bed on account of a great aggravation of the symptoms just described.

During this illness, the tumor, which had grown but little, was diagnosticated as ovarian. In July, 1887, it began to grow rapidly, increasing in size for three months, after which it remained stationary until the date of the operation.

The patient was admitted to Dr. Sutton's private hospital November 4, and operated on November 5.

The usual incision revealed a large multilocular cyst, which was rapidly evacuated with a very large trocar. The other ovary was diseased, and both were removed. The abdominal cavity was washed out with hot water, and the wound was closed. The time occupied in opening the abdomen, evacuating the cysts, tying and securing the pedicle, and removing the cysts entirely was four and a half minutes. The patient was on the table only twenty-four minutes. Her recovery was uninterrupted.

Case III.—Mrs. ——, Connellsville, Pa., aged 26 years, menstruated first at fourteen years. Her menses were always regular and painless. She has two children, the younger four months old at the date of the operation. Her attention was first directed to her condition by observing that she remained large after her first confinement. She subsequently became pregnant, and was confined at term. She was admitted to the private hospital, November 7, 1887, and was operated on two days later. The usual incision exposed a large parovarian cyst, which was rapidly separated from extensive parietal adhesions, and the pedicle ligatured and divided in five minutes. Persistent hemorrhage from the raw surfaces required the application of solution of iron and protracted pressure. The abdominal cavity was washed out, and a drainage tube was left in the lower end of the wound. Recovery was uninterrupted.

Case IV.—Miss ——, Steubenville, Ohio, aged 31 years. The menses appeared at fourteen years; they were always irregular and very painful. Her general health was fair during the menstrual interval. When about twenty-five years of age she was treated for uterine displacement, and some time afterward she had a severe attack of pelvic peritonitis, probably induced by a badly-fitting pessary. Her health has been very poor for the last five years. She has had excessive dysmenorrhœa, and general debility during the intervals of menstruation. One year ago Dr. Sutton removed her right ovary and tube, and for a time there was great improvement in her condition; subsequently, however, the old symptoms returned. She was admitted to the private hospital, November 9, 1887, and operated on November 17.

The incision was made in the cicatrix of the former one, and was two inches long. The remaining ovary and tube were found glued down to the pelvis by adhesive inflammation. They were torn loose with the ends of the fingers, and drawn through the abdominal incision. Both the ovary and tube were included in the Staffordshire knot, and were then cut away. The pelvic cavity was well washed out, and the wound closed. The time occupied in operating was eighteen minutes. The patient recovered rapidly, her temperature rising but one-half of one degree.

419 Penn Avenue.

DOUBLE UTERUS AND VAGINA COMPLICATING LABOR.

BY E. C. HELM, M.D.,
CHICAGO, ILL.

On Oct. 16, I was called to attend in confinement Mrs. M., 23 years old, a primipara. She had been in labor four hours. The os was about the size of a ten cent piece, and one-half of it was of usual shape and consistence, while the other half was membranous and ill-defined. Even during a pain it did not become rigid. The vaginal passage seemed to be of the usual size, and so a careful examination was made, when I discovered that there was a double vagina. This fact was unknown to the patient, her husband or her mother. The septum was three lines in thickness, and extended from anterior to posterior commissures, and from the vaginal orifice to as high a point as could be reached, and beyond. On examining the other side of the septum, the rest of the cervix was found. The child had been carried on the left side, and the head was presenting on the left side of the septum. A sulcus extended up the front of the body of the uterus, over the fundus, where it was over an inch deep; hence I considered it more than probable that the septum divided the uterus into two complete cavities.

Labor progressed rather slowly until the os was about two inches in diameter, when the septum, becoming tense with every pain,

retarded labor and added to the patient's suffering. Dr. D. T. Nelson was now called in consultation, and with his fingers succeeded in forcing an opening through the septum within the cervix. The pains had considerably thinned this portion of the septum. Labor now advanced with more rapidity, and in an hour the os was fully dilated and the head pressing on the vaginal septum. This was firm and unyielding, so during a pain I divided it with scissors. The hemorrhage did not exceed four ounces, and the advancing head soon checked further bleeding. The case now proceeded rapidly, and the woman was safely delivered of a living child. She made a good recovery, and now the remains of the vaginal septum exist only as a ridge at the commissures.

2159 Wentworth Ave.

Society Reports.

COLLEGE OF PHYSICIANS OF PHILADELHIA.

Special Meeting Dec. 14, 1887.

The President, Dr. S. Weir Mitchell, in the chair.

Address to the Medical Societies of the United States.

On motion, the following address, Concerning the Dangers to which the Country is Exposed by the Ineffectual Methods of Quarantine at its Ports, and in Regard to the Necessity of National Control of Maritime Quarantine, was adopted, and ordered to be printed and sent to the medical societies of the United States:

"The undersigned, a Committee appointed at the meeting of the College of Physicians, held October 5, 1887, 'to consider the present danger of the importation of cholera into this country, and to secure concerted action among the medical societies of the United States in urging upon the State and National authorities the adoption of a uniform and efficient system of quarantine for all exposed ports,' has the honor of submitting herewith to your Society its report, read October 28, 1887, in regard to the quarantine arrangements at the ports of New York, Philadelphia, and Baltimore.

"The Committee points to the condition of affairs therein described as the outcome of the system of independent municipal and State quarantine which prevails at the ports of the United States, and asks your consideration of a brief criticism of the system, and your aid in an organized effort to establish a more satisfactory order of things by placing the management of maritime quarantine in the hands of the General Government.

"In this country, active consideration by legislators of the dangers which threaten the general welfare by the invasion of epidemic diseases through our foreign communications has, in the past, been fitful in the extreme. From 1698 down to the present moment, it has been only when, goaded by the spur of imminent danger or lashed into activity by the fresh memories of disastrous visitations, the people have with a great unanimity urgently and loudly demanded it, that spasmodic efforts to protect the general health have found a reflex in the statute laws. Whilst our statesmen and law-makers have, with more or less wisdom and constancy, by the enactment of national and local laws, guarded the personal liberties and material interests of the citizen, have established more or less adequate regulations for internal trade and foreign commerce, and have performed the public duty of providing a defence against a common enemy, yet thus far they have, with singular neglect, of their own motion failed to make any attempt to provide against the ever-present danger to the general welfare from the ravages of those epidemic diseases which are brought to our shores. The health laws under which we at present live are, as a rule, such only as emergencies have called into existence. Though many of their provisions may have endured beyond the danger which immediately threatened, they have been framed with an eye single to the present need, and with the expectation that an alarmed public sentiment in the threatened locality would materially supplement their incompleteness. They have seldom or never been drafted with a full recognition of the need of adequate and constant protection of the health of the general public. Imperfect and temporizing as the local health laws have been and still are, the spirit which has inspired them has naturally felt the promptings of local interests only, and their inefficient provisions, as a matter of course, have limited their meed of protection to the local interests involved. Moreover, the commercial interests of rival ports, the partisan struggles of opposing political factions, and the heedless parsimony with which money has been doled out for the execution of such health laws as exist, have rendered their vigorous and fearless administration well nigh impossible.

"We are aware that there are among distinguished sanitarians, even in this country, those who more than question the power of any quarantine regulations which could be devised, however intelligently and thoroughly enforced, to protect efficiently the general public against invasions of contagious and infectious diseases, and who are inclined to advocate the policy that the State should rather expend her energies and money in removing local conditions which favor the development of epidemics and make their spread possible. But the only country where such a policy has been pursued with some measure of success is England, after a decade of expenditure of thirty millions of dollars per annum within her compact, small territory, located as it is out of the line of movement of the hordes of infecting emigrants constantly leaving all ports of Europe, and outside of the latitudes which favor the existence of yellow fever. After the United States of America shall have intelligently spent at least an equal sum, namely, three hundred millions of dollars, in the earnest and persistent effort to improve the hygienic surroundings of the homes of a population already nearly twice as great as that of England, and scattered over a territory thirty-four times as extensive, we may then have reached a condition with regard to public health in which it may possibly be wise to abandon maritime quarantine and to rely mainly upon the protection secured by a perfected local hygiene alone. Meanwhile, under present circumstances, recognizing the enormous cost of radically destroying the conditions which foster the development and prevalence of epidemics by thoroughly removing the filth among which they thrive, and fully appreciating the incalculable benefit which would certainly follow such a wise expenditure of hundreds of millions of the public money, we feel convinced that, with respect to the danger which constantly threatens the public health from abroad, there are at this time only two courses between which to choose, namely, a practical abandonment of the general public to a more or less individual and fruitless struggle with the agents of contagion and infection in whatever localities the movements of immigrants may chance to convey them; or an intelligent, constant, earnest and vigorous effort to stop and destroy them at the ports of entry. Whilst it is true that to remove the local conditions which favor the development and spread of contagious and infectious diseases is to lessen greatly their harmfulness, it is none the less undeniable that to destroy the infecting agent or contagium, or to prevent its entrance into the country, is, by a single act, to prevent the implantation of the seed and to render the harvest impossible, let the soil be never so fertile. Furthermore, the cost of preparing to wage a successful combat against the entrance and spread of disease among hundreds of scattered villages, towns and cities is infinitely more than that which would be required to place our ports in a nearly perfect state of defence against those diseases which are now subjected to quarantine; and the loss to the public occasioned by a single widespread epidemic of cholera, yellow fever or small-pox is far greater than would be the cost of the proper maintenance for many years of a perfect quarantine establishment at all of our ports.

The hundreds of thousands of European immigrants who annually reach our country after starting from or passing through localities which are infected with contagious disease, frequently in their persons or in their pestiferous clothing and effects carry with them, often as far as their ultimate distination, the active germs of these diseases; and the herding of these immigrants into the miserably ventilated and frightfully unsanitary quarters usually provided for the steerage passengers on steamships, the modern rapidity of ocean travel, and the great facility with which these swarms of people are soon distributed all over our country, combine to multiply the danger to the public health with which, under the laxity of our laws and the unsatisfactory administration of them, this incessant influx constantly menaces the country.

In their enormous number, their poverty, and their squalor, and in their frequent transportation of all sorts of infections and contagions, these immigrants can be likened only to the oriental pilgrims, in whose track pestilence has so frequently followed. It is, indeed, with the extremest rarity that small-pox or cholera has in modern times been introduced into North America by any travellers other than the immigrant class. To take the proper means to guard the ports of entry against the infected persons and baggage of cholera immigrants would probably keep cholera from our midst; to do the same with small-pox immigrants, with the addition of compulsory vaccination and disinfection of personal effects, as an invariable condition precedent to the privilege of landing, would go far toward banishing that scourge from the land; and the importation of scarlet fever, diphtheria, and like diseases might be prevented by similar measures.

The weighty objections urged against maritime quarantine as a means of protecting the public health from the assaults of preventible diseases imported by sea, are only two: First, the alleged failure to keep out these diseases by this means; second, the alleged injury to maritime trade.

In our opinion the first objection finds a complete answer and explanation in the grossly imperfect state and the maladministration of the the quarantine defences, as shown in the accompanying report; yet it may be truthfully affirmed that the quarantine at the port of New York, in its establishment and administration, is one of the best, in many respects, that will at present be found anywhere in the world. It seems to us, therefore, absurd to argue against the capabilities of a thoroughly equipped maritime quaratine, strictly administered, from the historical failures of those establishments which, with respect to plant, equipment, and direction, have been obviously deficient in the essential requirements of a modern quarantine.

The second objection is always a serious one for a people extensively engaged in maritime trade. But it is met, we think, by a due consideration, in the light of modern knowledge, of the wide and essential difference between the requirements for the proper treatment respectively of the ship's cargo and of the ship's inhabitants. It is the ship's inhabitants, with their personal effects, who almost invariably introduce the infectious germs into the country; the merchandise rarely or never conveys the contagion. Indeed, so far as cholera, small-pox, and scarlet fever are concerned, it is only cargoes of rags that may be looked upon with suspicion as possibly capable of transporting the germs of disease from Europe to America. With this possible exception it is not only unnecessary, but there is absolutely no excuse in the treatment of ships with these diseases aboard to detain the cargoes in quarantine for a prolonged period. With adequate facilities at hand, the proper disinfection of the ship need not require her detention or that of the cargo longer than twenty-four hours, an impediment to trade too insignificant to be taken into account when the paramount interests of the public health are considered.

With reference to the detention at quarantine of those of the ship's inhabitants who are well, it need be prolonged but little beyond the period of incubation of the particular disease against which the quarantine is directed. This detention the traveling nd immig rant classes alone suffer, the commercial interests of the general public being undisturbed. In the great majority of instances, it is among the immigrants only that actual cases of disease exist; but when we consider the advantages which the immigrant is about to receive, the necessary detention is but a small sacrifice for him to make for the benefit of the people among whom he seeks a home.

In view of the foregoing considerations, the committee would bespeak your earnest attention to the following propositions:

A. The present methods of independent quarantine provided and regulated by seaboard states or cities are essentially defective and inefficient for the exclusion from the United States of the diseases against which quarantine is directed.

The truth embodied in this statement is abundantly established by the report of the committee in regard to the three ports it inspected. It is fully borne out in regard to the other quarantine stations between the St. Lawrence River and the Rio Grande, by the elaborate official report of Dr. John H. Rauch, Secretary of the Illinois State Board of Health, to that body in 1886.

The defects of local quarantine stations arrange themselves in two principal groups: 1. Inadequacy of establishment. 2. Faults of administration.

1. With regard to the establishment—which term is here used to include the accommodations for the temporary housing and care of immigrants and travelers not sick, adequate hospital accommodations for the sick, appliances for disinfection and the necessary medical, nurse, police, and other attendants for the care of both of these groups of individuals—only four of the many stations upon the Atlantic and Gulf coast may lay claim to anything like adequate provision. These are Grosse Isle quarantine station, on the St. Lawrence River, below Quebec; the Boston quarantine station, on Galop's Island; that in the New York harbor, and those in the mouth of the Mississippi River, below New Orleans.

Of these four, it may be said, first, that the very excellent establishment at Grosse Isle is practically useless as a safeguard against the importation of disease, in view of the fact stated in the report of Dr. Rauch, that during the quarantine season up to October 9, 1885, only thirty-two vessels out of a total of four hundred and twenty arrivals, had stopped at this station for examination: second, that no mention is made in Dr. Rauch's description of the quarantine

station at Boston of any provision for the housing and care of travelers and immigrants not sick; third, that in the last named particular, as well as in several other respects, the quarantine station at New York, hitherto regarded as fully adequate to the requirements of that great port of entry, shows serious defects. According to the official description by Dr. Joseph Holt, President of the State Board of Health of Louisiana, it would appear that the quarantine station at the mouth of the Mississippi is, in respect of establishment, fully up to the requirements of modern science. Of the intervening stations it is scarcely necessary to speak. Certainly, as regards the prevention of cholera, and to a less extent also of yellow fever, the greater number of them constitute quarantine stations simply in name.

2. When we come to consider faults of administration, it is obvious that it is impossible to discover their nature or extent during times of quarantine inactivity: that is to say, during those fortunately more or less prolonged periods in which the absence of disease upon incoming ships narrows the duties of the quarantine officials down to the simple inspection necessary to establish that fact. We have, therefore, at present no criterion by which to judge of the efficiency of the quarantine administration at the greater number of the stations. The fact already mentioned with reference to the quarantine station at Grosse Isle, that during the quarantine season of 1885, up to October 9th, only thirty-two vessels out of the total four hundred and twenty were examined, indicates defects in administration at that station so glaring as to require no further comment.

Faults of administration equally serious, although of a different kind, are shown by the accompanying report of the committee to have recently existed at the quarantine station in the lower bay of New York harbor, at a time when cholera actually existed in the hospital, and was from day to day finding new victims among more than five hundred Italian immigrants detained at the quarantine of observation on Hoffman Island. It is only necessary to emphasize this statement by calling attention to the following facts, brought to light by the investigations of the committee: first, the absence of resident medical officers, both at the hospital on Swinburne Island and at the quarantine of detention on Hoffman Island; second, the absence of anything like an adequate sanitary police force on the latter island; third, the absence of any effort to separate the well, detained on Hoffman Island, into small groups, and of any proper daily systematic inspection, such as would enable the authorities promptly to discover and isolate new cases of cholera; fourth, the unreasonable detention for a period of nearly two months of more than five hundred immigrants not sick, under circumstances of great hardship, exposure, and deprivation,—a fact which, in view of the present state of knowledge in regard to the nature and mode of transmission of the infecting principle of cholera, in itself bears overwhelming testimony to culpable maladministration; and this was the situation after cholera had continued to prevail in countries the ports of which were in constant, direct communication with New York, for a period of four years, and after the entire public press of the United States had persistently called attention to the ever present danger of its reaching our shores.

B. It is impossible adequately to protect the public health of the country against the importation of epidemic diseases by independent local maritime quarantine establishments.

1. The history of epidemic diseases in this country serves to establish the truth of this proposition. Every epidemic of cholera, typhus or yellow fever, and several important epidemics of small-pox have been directly imported, despite existing quarantine regulations.

2. There is always great difficulty in obtaining sufficient appropriations of public money to defray the expenses of the necessary quarantine establishments and their proper maintenance. It is only possible during periods of threatened invasion to procure the considerable sums of money necessary for these purposes; whilst in the interim the money expended is greatly inadequate, though large amounts are constantly required.

3. Rival political and commercial interests are inimical to the perfect quarantine protection of the general public by independent and local means.

The port of New York, through which three-fourths of the imports and immigration enter the country, is in the following peculiar situation with respect to the relations of local health boards: By the health laws of the State and of the municipality of New York, the principal quarantine officer is a member *ex-officio* of the municipal Board of Health of the city of New York and of the State Board of Health, and he is also a mem-

ber of the Quarantine Commission. Neither the State nor the municipal boards have, therefore, a voice in the control of quarantine. Each of these three bodies consists of a very limited number of members, and each is also entirely independent of any supervision or control by the others. Not only does this anomalous independence exist in accordance with the provisions of law, but there is undoubted evidence of an indisposition of the city Board of Health to inquire in any manner into the management of quarantine at the port, which is not officially under its care.

In a letter dated November 4, 1887, replying to an official communication from the Mayor of New York, making inquiries concerning the dangers to which that city was exposed by reason of the existence of cholera at the quarantine station of the port, and the means of preventing its spread to the city, the President of the municipal Board of Health, after detailing the provisions which had been made for the prompt isolation and treatment of cases of cholera which might develop in the city, explicitly denies official knowledge of the condition of affairs at the quarantine, and further states that he would regard it as unbecoming for him to discuss it; this, notwithstanding the fact that the quarantine officer is a member of that same Board.

4. The last statement illustrates one of the most serious dangers to which the general public is exposed through local maritime quarantine organizations; namely, the possibility of bodies of immigrants with infected baggage being transferred directly from the quarantine station to distant inland communities by rapid railroad journeys, without any prolonged sojourn, or without any adequate inspection or precautions being taken by the authorities of the seaboard cities through which they pass. In point of fact this danger was realized in regard to cholera in 1873, when epidemic outbreaks of that disease occurred in Ohio, Minnesota, and Dakota, which were "caused by cholera poison packed up, in the household effects of emigrants, in Holland, Sweden, and Russia, respectively. These emigrants sailed from healthy ports, in healthy vessels, and were subjected to the usual sanitary requirements of the period. They passed through New York and the intermediate territory without injury to the public health; but when their infected goods were unpacked in the interior of the continent, they liberated the poison which gave rise to the local outbreaks." (Report of Dr. Rauch).

5. It is but natural that municipal organizations should, in looking after their own interests, pay little regard to the welfare of distant communities.

In this connection may be noted the indisposition and failure on the part of local quarantine officers to notify the authorities interested of the arrival of emigrants from infected localities. Notwithstanding the frequent paramount interest of inland communities in the efficiency of the establishment and administration of quarantine at the seaboard, the local authorities of the latter frequently evince an unreasonable jealousy of any sort of investigation or suggestion looking to the general welfare.

6. In the absence of any general regulation or supervision, local quarantine measures must, in the nature of things, be exercised with varying degrees of efficiency; the most complete establishment and perfect administration at a few ports might, therefore, fail to protect the country if defective or inadequate measures of quarantine were practised elsewhere.

C. A national system of maritime quarantine is necessary.

1. It is only by this means that the necessary protection against the importation of epidemic diseases in all our ports can be continuously secured.

2. It is the only practical means by which uniformity of establishment and administration, regard being had to the modifications made necessary by difference of latitude and other circumstances, can be assured. Such necessary uniformity can be obtained by no other arrangement, for the reason that the National Government is alone able to defray the expense of complete quarantine establishments at every port according to the requirement of each, and without regard to the revenue derived from the shipping of any.

3. The benefits of quarantine inure to the welfare of the whole country; therefore, it is just that money should be as freely expended when necessary at one port as at another, without respect to their relative commercial importance. It is manifestly unfair that the seaboard cities and states should, as at present, be obliged to bear the entire expense of quarantine establishments designed to protect the inhabitants of every region of the vast territory of the United States.

4. A national quarantine, properly administered and conducted by trained officials accustomed to deal with contagious and infectious diseases, would tend to prevent panic, to allay undue anxiety, and to favor a reasonable sense of security.

5. Experience has shown that much needless alarm, as well as preventable danger, arises upon the appearance of an unfamiliar epidemic disease at quarantine stations; as when cholera has shown itself at New Orleans or New York, or yellow fever at Philadelphia or Boston. A national quarantine would do away with the necessity for vexatious temporary interstate quarantines.

6. A national quarantine system, directed in such a manner as fully to meet the requirements of existing sanitary knowledge, would not adversely disturb any commercial interest. It would, on the contrary, do away with many of the embarrassments incident to maladministration of existing local regulations. For example, the healthy passengers of the Italian steamship "Alesia" were detained at quarantine in New York harbor for a period of fifty-eight days, while under an efficient system uninfluenced by needless fears, those of them who were free from disease could have been safely liberated in ten days at furthest.

7. A national quarantine would not necessarily supersede any existing arrangements regarded as expedient by local authorities. It should be conducted wholly without cost to shipping, and would thus work no additional pecuniary hardship, even if the present fees were to be still exacted.

8. The ability of the National Government, by an existing act of Congress, to come to the aid of local quarantine authorities in answer to the appeal of the Executive of any State in time of grave danger, implies a function of very narrow scope and uncertain application. Appeals of this kind are apt to be deferred until the emergency is extreme, and the aid obtained from the Government is, therefore, likely to be rendered too late to accomplish its purpose.

D. A national organization would secure advantages not attainable by independent local quarantine establishments however complete.

1. Suitably arranged and commodious buildings, provided with necessary furniture and appliances at all ports.

2. An efficient corps of trained officials and assistants always on duty.

3. The practicability of the concentration of force, money, and attention at any threatened port without loss of time.

4. Officials under control of the National Government, and free from local political and commercial influences.

5. The objects of quarantine would be furthered by full and reliable consular reports and sanitary inspection of emigrants at ports of embarkation, functions properly belonging to officials of the General Government.

The organization of a national maritime quarantine system in the United States would require the enactment of laws by which—

1. The whole matter would be placed under an appropriate department of the General Government.

2. A central bureau of control established at Washington.

3. A sufficient corps of medical officers and assistants, with nurses, sanitary police, laundrymen, engineers, and officers and crews for boarding tugs, organized at every station. Among the requirements for the medical service should be a speaking knowledge of at least two modern languages besides English. The establishment of a school and laboratories for sanitary instruction and research in connection with this service would be an advantage. In addition to the men on duty at the respective stations, there should be a sufficient number of medical and other officials fully trained in quarantine duties and familiar with contagious diseases, unattached and available for immediate auxiliary service at any threatened port.

4. The erection of necessary hospital, and other buildings, wharves, disinfecting apparatus, wash-houses, latrines, etc., in suitable localities, when possible upon islands at or near the entrances to harbors, and at some distance from the main channel.

5. These stations must be organized and fully equipped at every port of entry of the coast, in such a way as to meet the requirements of each port in the measure of its commerce and immigration, and the especial diseases to which it is most exposed.

6. The cost of the establishment and maintenance of the National maritime quarantine should be provided for by appropriation from the National treasury, and not from fees exacted from vessels.

SUMMARY.—Under the present system of local and independent maritime quarantine, the necessary quarters for the detention of large numbers of immigrants arriving in a suspected vessel, are either entirely wanting, or, if at hand, are deficient in equipment or administration or both. It is possible, however, that one port well governed and rich from prosperous commerce, may make up these deficiencies; yet what would this avail even to that community itself, if a neighboring port, only a few hours distant by rail, failed to exclude epidemic diseases. The front door might be doubly barred and bolted, but the enemy would find an easy passage through the defenceless rear.

This want of uniformity in the quarantine defences along our coast must necessarily exist when different authorities supply the money for maintaining the several stations, and the purse of one port is longer than that of its neighbor. Another money difficulty is found when the appropriation for the same station comes, as it may, from the coffers of both city and State; possible difference of opinion in the municipal council and the State legislature is likely to endanger the sufficiency or change the direction of the funds to be expended. In any case, the danger to a single port of entry, or even to a single State, is by no means the same as that which threatens the country at large, and communities are not likely to make a larger expenditure than is needed for their own defence. As an illustration of a difference in the conditions of danger which may exist between a port of entry and the interior of the country, may be mentioned the passage of immigrants with infected baggage. The immigrants may come from a healthy port and in a healthy ship, and with the poison securely imprisoned in their baggage, will pass through the port of entry with perfect safety to its inhabitants; the danger will begin in that far interior where the baggage is opened. It is of no interest to that port to have the baggage disinfected, and it is carried on to some uncertain place unhindered to do its fatal work. And here may be pointed out the rather peculiar position in which America finds itself, in attracting to its shores hordes of immigrants from the older countries. There is in municipalities little disposition to spend more even than is called for to satisfy immediate wants; remote necessities are seldom provided for. A quarantine that is not always in use, is not always ready for use. It is only when danger is at its gates, and when, perhaps, it is too late for protection, that a city wakes up to its defenceless state. Municipalities are selfish, and knowing that with the trader quarantine is not a favorite institution, and that it is his tendency to sail into that port where the quarantine is most lax, they are assailed with a sore temptation to wink at the neglect of proper precautions, if, by so doing, they may circumvent a possible commercial rival.

In the opinion of the committee the difficulties mentioned can only be overcome by the adoption of a maritime quarantine under the control of the National Government.

The danger from immigrants would not be entirely banished, however, though the quarantine of the coast of the United States were perfect; for the way through the British provinces would still be open to these travelers. In the absence of efficient quarantine inspection in the St. Lawrence River, the attempt thoroughly to protect ourselves from importations of epidemics, would necessitate the doubtful and difficult expedient of a land quarantine. The more efficient plan would be to have the same precautions taken at the ports in the British provinces as should be practiced at those in the United States, but this course could only be assured through treaty, which our local authorities are not competent to make.

It appears that our Canadian neighbors have already evinced their desire for uniform quarantine laws for the two governments. The Provincial Board of Health of Montreal, recognizing a community of interest in the question of maritime quarantine, have deemed the presence of the Canadian Fish Commissioners in Washington opportune for the adoption of resolutions requesting them to urge upon the American authorities "the necessity of establishing uniform quarantine regulations for both countries." In connection with an efficient system of national quarantine, a harmony in the provisions of law in the United States and in Canada seems indispensable for the full protection of our extensive northern frontier, and our national government should be strongly urged to respond actively to the expressed wishes of the Canadian authorities relating to such an important matter of common interest.

In conclusion, the College of Physicians of Philadelphia, through its committee, earnestly asks your prompt consideration of the matters herein set forth, and your active coöperation in an organized effort to obtain this winter such national legislation as will efficiently and with reasonable security protect the public health, not only from the danger of the importation of cholera and yellow fever while they are epidemic in countries with which the ports of the United States are in communication, but also from the at present almost incessant conveyance into the interior of the contagion of scarlet and small-pox by emigrants. The disappearance of cholera from the quarantine station at New York, without the development of the disease anywhere in the country should be regarded as a fortuitous occurrence, but at the same time a serious warning. This country has never yet escaped an epidemic of cholera when it has visited Europe. Sooner or later, the disease has invariably been introduced and has spread more or less widely throughout the country. We should, therefore, profit by the cold season, during which we are

comparatively safe from the ravages of two of the most dreaded of our imported epidemic diseases, to prepare against a possible, and, as some believe, even a probable, advent of cholera with the return of warm weather. We should use the present opportunity to arouse public sentiment and our national legislators to the necessity of wise, deliberate, far-reaching, and prompt action in behalf of the general welfare, by the establishment all along our coast of a thoroughly equipped and efficiently directed maritime quarantine.

In the case that your Society determine to coöperate in securing the ends in view, we would respectively suggest that you at once notify the committee of the fact, and, without delay, authorize a member of your body (whose name and post-office address should accompany the notification) to confer with the committee either by correspondence or in person, for the purpose of deciding upon the details of a bill to be introduced in Congress early in the present session.

If your coöperation be agreed upon, we would further suggest that, as a body and as individuals, you assist in influencing legislation by the following means:

1. The passage of formal resolutions recognizing the necessity of National control of maritime quarantine, and urgently recommending the matter upon the consideration of your representatives in Congress.

2. Strenuous efforts to enlist popular sentiment in support of such legislation.

3. The enlistment of the influence of the local medical and secular press.

Finally, in view of the necessity of inaugurating, at the earliest moment possible, the effort to secure the proposed legislation, we would earnestly request prompt action on the part of your Society and early notification thereof.

J. C. Wilson, *Chairman.*
E. O. Shakespeare,
R. A. Cleeman.

Communications on this subject may be address to

Dr. J. C. Wilson,
College of Physicians, Philadelphia.

—Dr. Heneage Gibbes, who is Lecturer on Physiology and Normal and Morbid Histology at the Westminster Hospital, London, has been appointed Professor of Pathology at the University of Michigan. Dr. Gibbes formed, with Dr. Klein, the English commisssion to investigate cholera in India.

Reports of Clinics.

BELLEVUE HOSPITAL, NEW YORK.

MEDICAL CLINIC—PROF. A. A. SMITH.

Aneurism of the Aorta.

On November 17, Prof. A. A. Smith presented two patients to the class. A patient with an aneurism about the junction of the ascending with the transverse portion of the aorta. The patient was a truckman, aged twenty-five years, who had been perfectly well until eight weeks ago, when he was struck upon the head by an elevator. Soon after this accident his throat began to get sore, and the soreness, as he described it, gradually increased in severity, and he became hoarse. He is now, said Prof. Smith, unable to swallow, not on account of the soreness of his throat, but of his inability "to get it down." Inquiry revealed the fact that he is able to swallow milk. The difficulty in swallowing came on *before* the hoarseness set in. He gives a history of syphilis. Upon auscultation, a decided diminution of the respiratory murmur on the right side is noticed; and an examination of the heart reveals a loud systolic murmur. The left radial pulse is stronger than the right.

This case is interesting from the fact that a young man should so rapidly develop a syphilitic disease of the blood vessels leading to aneurism. The prognosis is grave. An aneurism developing with such rapidity is likely to end fatally before long. As regards treatment, we shall give him good nourishment, and continue the "mixed treatment" of iodide of potash and mercury.

Dilatation of the Stomach.

The patient felt well up to six weeks ago, when he complained of a painful point in the right hypochondriac region. Upon inquiry it is ascertained that he has had vomiting also. Three weeks later he had cramps in the stomach, which lasted nearly the whole night, and were relieved by a hypodermic injection of morphine. He has had no fever, no chill, nor any chilly sensations. He has lost flesh, and indulges moderately in stimulants. He presents a great prominence in the epigastric and umbilical regions.

The causes of dilatation of the stomach are various. Weakened conditions of the muscular layers, paralysis of the same, obstruction of the duodenum, and, especially, obstruction of the pylorus, give rise to this condition; and the result is the production of fermentative changes, evinced by tympan-

itic distension and vomiting. This affection is very frequently confounded with other diseases, and, unless with the vomiting, emaciation and variable appetite, we can find an induration of the pylorus, it will be hard to diagnosticate the trouble exactly. Physical examination reveals in this case tympanitic resonance on percussion. In doubtful cases you might give the patient a few mouthfuls of water to swallow, and while applying the ear over the distended organ, shake him, when a spashing sound will be heard. As regards the treatment: foods in small quantities, frequently repeated, of the lightest kind, such as beef-tea, digested meat, etc., should be given. Foods that are likely to undergo fermentation should be given very sparingly, or avoided as much as possible. Washing out the stomach with alkaline solutions is also recommended.

Editorial Department.

Periscope.

A Case of Actinomycosis which was Cured.

At a meeting of the Society of Physicians of Vienna, on November 4, 1887, Ullmann presented a man, who, for a year had begun to grow thin and to suffer from loss of appetite and pain in passing his water. Fever and great turbidity of the urine, which contained pus, were present. Subsequently, a tumor formed at the lower part of the abdomen, which was repeatedly opened, and much pus evacuated from the abscess which had developed. Upon his admission to Professor Albert's clinic, there was found a tumor of bony character, occupying the right hypochondrium. A wound in the neighborhood of Poupart's ligament, as well as the bluish-violet coloration of the skin, induced Ullmann to diagnosticate actinomycosis. A microscopic examination of the pus, which contained the characteristic granules, confirmed the diagnosis.

Ullmann thinks, with reference to the above described symptoms which preceded the disease, that the case was one of actinomycosis of the bladder.

The patient was operated on in Albert's clinic, and recovered in four weeks. Examination of the pus, which the author has carried out in several cases of actinomycosis, has induced him to think that suppuration in this disease is not occasioned by the actinomyces, but is produced by other microorganisms (staphylococci).—*Deutsche Medizinal-Zeitung*, November 14, 1887.

Hypnotism in Court.

The London *Chronicle* gives a strange account of a trial in Solax, a village in Malaga, Spain, of some religious fanatics, of strange practices. They originally went naked, like Adam and Eve before their fall, but the authorities interposed. Since then they have inflicted wounds upon themselves in imitation of the Crucifixion, and burned all their goods, believing that a higher power would provide food. A strange part of the affair is, that when put on trial they were hypnotized in court by a medical specialist, and proved good subjects. It is alleged that on being ordered to perspire they broke out in a profuse perspiration. Others were pricked with pins, but gave no sign of pain. This is the first time such a scene has been witnessed in a court of justice in Spain. It is difficult to see the object. Probably the result of the trial will be a nominal punishment. — *Philada. Evening Telegraph*, Dec. 1, 1887.

Operation for Nephritic Colic; Recovery.

At the Sixtieth Congress of German Naturalists and Physicians, in September, 1887, Von Bergmann reported the case of a man who had had attacks of nephritic colic for eight or ten years. Residence at Carlsbad and at Vichy relieved him for a long time of his attacks of pain. Then a fresh attack occurred, the pain starting from the left kidney, and being followed by the expulsion of a calculus. The pain ceased after a while, and was succeeded by anuria. It was found, by passing the catheter, that the bladder was empty. The anuria persisted for six days, and during this time the patient perspired profusely, the skin being œdematous. In other respects the patient did not suffer great inconvenience. On the sixth day, he was seized with vomiting. Von Bergmann's diagnosis was occlusion of the pelvis of the left kidney or the left ureter by calculus, coincident with functional suppression of urine on the part of the right kidney, caused by lesions of long standing. He proceeded to do nephrotomy, and having found the pelvis of the left kidney clear, located the calculus in the ureter, about two and a half inches from its origin. It was then removed by dilating the ureter with forceps.—*Gazette Médicale de Paris*, November 5, 1887.

A Case of Tetanoid Constriction of the Uterus.

In a paper read before the Gynæcological and Obstetrical Society of Baltimore, November 8th, 1887, Dr. H. M. Wilson describes the case of a woman of about 24 years of age, whom he saw first four years ago, just after her marriage. She was of fine physique and healthy appearance. Her trouble at that time was uterine neuralgia. Each catamenia was attended by distressing pains, lasting from one to two days. Stenosis was suspected and an examination advised, but she declined this, giving as a reason her great sensitiveness to pain, and her nervous dread of it. Nothing of special note occurred during the two years following, except a small subcutaneous abscess in the right iliac fossa, which was lanced and soon healed. This reappeared in a smaller form—about the size of an almond—two months ago. At the end of three years, she became pregnant. Her gestation was accomplished without special distress, except on several occasions after moderate exercise she had slight attacks of syncope—the last, about four days prior to her confinement. Five days before labor, whilst in bed, and without any exertion on her part, her water was discharged. Dr. Wilson was called to see her on Wednesday, October 19, and found her bright and cheery, free of headache, with pains described as sharp, at intervals of about ten minutes. Upon examination the soft parts were found to be in much better condition than had been feared. The bowels were twice moved; the kidneys acted freely. The os was entirely closed. Upon his return in two hours the os had opened to the size of a dime; the edges were soft and thin, and, as far as could be made out, the head presented in the right occipito-anterior plane. The patient now commenced to complain of nausea to the extent of emesis, which was frequently but not inordinately repeated. The further progress was slow, but did not seem to require either bleeding or medicine. At 5.50 in the afternoon, he deemed the os sufficiently dilatable to admit a careful application of Simpson's forceps, the head being within easy reach. No difficulty was encountered in their adjustment, but in the effort to deliver no advance could be made. Thinking the funis might be abnormally short or tightly wrapped about the neck, he substituted the Tarnier instrument. He could cause the head to appear at the vulva so as to be seen, but it instantly would disengage itself from the blades and fly back to its former position. While he dispatched a messenger for Prof. Miltenberger, Dr. Wilson for the first time observed the pallor of the patient, and, putting his finger on her pulse, found it a mere thread. Instantly suspending the anæsthetic, he administered brandy freely by the mouth and requested Dr. Pole, who was quickly at hand, to kindly assist him in repeated hypodermics of brandy. The patient never rallied, and died within thirty minutes. The fœtus was dead, but, seeking for some solution of this terrible and inexplicable result, Dr. Miltenberger effected the post-mortem delivery. Upon introducing his hand he found a band embracing the shoulders, which, to use his own words, "gave the impression of a band of steel." It was only after a prolonged and most persistent effort, and that coupled with the occasional fear that the trial would have to be abandoned, that version was finally accomplished.

Chloroform was used occasionally, in small quantities, for probably an hour, just at the completion of a pain, "to blunt its edge," as the patient expressed it, but not carried to its full effect; indeed more as a placebo. This was thought proper on account of the patient's highly sensitive organisation, and to quiet, as far as possible, her urgent demands for relief. When instruments were used chloroform was inhaled freely, but, as before stated, instantly abandoned upon the appearance of dangerous symptoms. She came from under its influence speedily, asking questions, complaining of the strength of the brandy, demanding water, requesting to be fanned, etc.; her intellect remaining unclouded to the last.

The author does not believe that chloroform was the cause of death, and says that he cannot recall an absolutely certain death from its use in obstetrical practice. If such result has happened, it is an exception to the general rule. In this case the patient passed from its influence quickly, and, so far as he could observe, entirely. As for the forceps, they were applied without difficulty and used with discretion. In nothing did the manipulation differ from their constant and ordinary use.

A Case of Poisoning with Cocaine.

H. Schnyder, in the *Correspondenz-Blatt f. Schw. Aertze*, No. 15, 1887, reports a case of cocaine poisoning, which occurred under the following circumstances: A young apothecary, of somewhat nervous habit, was advised by a friend to take one-third of a grain of cocaine, repeated in three-quarters of an hour, for violent headache. As he lost

the muscular sense in his extremities, and developed oppression in breathing, he took as an antidote to the poison twenty drops of tincture of nux vomica. After about half an hour, his extremities, which were icy cold, began to tremble violently. His pupils were immovable, moderately dilated, pulse thready and one hundred and fifty to the minute. The action of the heart was strikingly feeble, and in addition there was violent excitement, and at times delirium. Strong coffee was administered, warmth applied to the extremities, and chloroform sprinkled on cotton and inhaled.

In an hour respiration became freer, pulse fuller and one hundred and twenty to the minute. On account of the violent headache, cold applications were made to the head and a mustard plaster to the chest. After four hours had elapsed, the pulse sank to eighty beats, but sleep was not obtained for some time.

Cysticercus in the Anterior Chamber of the Eye.

Dr. Robinowitsch reports in the *Westrick Ophthalmologie*, III., p. 196, the case of a woman, thirty-five years old, who had had an iritis a year before. He found, in the anterior chamber of her right eye, a hemispherical, grayish swelling, of the size of a pea, which concealed the lower third of the pupil. At the lower part of the tumor was noticed a small continuation, which was capable of changing its size; and at times there could be seen wave-like contractions of the cyst, upon which it somewhat changed its position. The iris and the vitreous were unaltered; vision was $\frac{20}{30}$. The author removed the tumor by an incision through the cornea, and established the diagnosis by a microscopic examination.

Castration in Epilepsy.

In the *Berliner klin. Wochenschr.*, No. 3, 1887, J. Schramm reports two cases in which he performed castration for epilepsy. In the first case the ovaries were healthy, and the operation was done on account of the coincidence between the epileptic attacks and menstruation; in the second case the ovaries were cystic, but the connection between the epileptic seizures and menstruation was not so positive. Immediately after the operation repeated convulsions occurred, but subsequently ceased entirely. In the first case there was no return of the disease within eighteen months; in the second within a year after the operation.

A Method of Antisepsis for the Urethra and Bladder.

At the meeting of the Academy of Medicine of Paris, October 29, 1887, M. Lavaux read a paper upon a method of antisepsis for the urethra and bladder, and its application to the treatment of strictures of the urethra. The following is a summary of his conclusions, as contained in the *Progrès Médical*, November 12, 1887: 1. Continuous *lavage* of the anterior part of the urethra and intravesical injections without a sound, constitute a simple and harmless method of accomplishing complete antisepsis of the urethra and bladder. 2. This method is applicable to the treatment of most strictures of the urethra. 3. Thanks to this complete antisepsis and the antiphlogistic action of hot injections into the bladder without a sound, complications due to rapid dilatation of the urethra are now very uncommon. 4. In the treatment of simple strictures which are easily dilated, rapid dilatation ought to be substituted for slow temporary dilatation, which is of but little value. 5. Intra-vesical injections made without a sound are sufficient to maintain the calibre of the dilated urethra. 6. Indications for the performance of internal urethrotomy become extremely restricted. 7. This method of treatment by securing antisepsis of the bladder and urethra ought to render divulsion and internal urethrotomy much less serious operations.

The Value of Strophanthus in Diseases of the Heart.

Dr. C. W. Suckling, professor of therapeutics in Queen's College, Birmingham, writes to the *British Med. Journal*, November 19, 1887, that he has been using strophanthus for several months at the Birmingham Workhouse Infirmary, and with little success. At first he thought that it might be due to a badly prepared tincture; and to some extent this was the case. In all his cases hitherto he has found that, though tincture of strophanthus has done some good, yet the substitution of an equal quantity of tincture of digitalis has been attended with marked benefit, and he has ceased to prescribe strophanthus where it is important to obtain immediate improvement. He has also found that vomiting occurs from strophanthus quite as frequently as from digitalis; and concludes that strophanthus, at any rate in the dose and preparation in vogue, is decidedly inferior to digitalis in its action in heart affections.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

ISSUED EVERY SATURDAY.

N. A. RANDOLPH, M. D.,
CHARLES W. DULLES, M. D., } EDITORS.

All contributions to the Original Department will be paid for when published; or 200 reprints will be furnished in place of payment, if a request is sent with the manuscript. Contributors should ALWAYS *state which form of remuneration they desire: reprints, extra copies of the* REPORTER, *or cash.*

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	**$5.00**
Quarterly Compendium of Med. Science,	**2.50**
Reporter and Compendium,	**6.00**
Physician's Daily Pocket Record,	**1.25**
Reporter and Pocket Record,	**6.00**
Reporter, Compendium and Pocket Record.	**7.00**

All letters should be addressed, and all checks and postal orders drawn to order of

Drs. RANDOLPH & DULLES,
N. E. Cor. 13th and Walnut Streets.
P. O. Box, 843. Philadelphia, Pa.

A correct statement of the circulation of THE MEDICAL AND SURGICAL REPORTER is published in each number. The edition for this week is 10,250 copies.

IMPURITIES IN ICE.

Early in the year 1887, DR. PRUDDEN, of New York, published a paper in the *Medical Record* (March 26 and April 2), on the subject of Impurities in Ice, which attracted a great deal of attention. The substance of this paper was a description of the varieties and numbers of micro-organisms which he found by experiment to be capable of resisting the temperature of ice, and of preserving in it the power of development and multiplication. Especially striking was the discovery that the bacillus of typhoid fever survived freezing for more than 103 days; although repeated freezing and thawing caused them to disappear in three or four days. Certain kinds of ice were found to contain more bacteria than others, the most prolific being snow-ice and ice containing bubbles. Clear ice was much freer from them.

The same subject is discussed in a more general way by DR. LEWIS BALCH in an interesting paper in the seventh annual report of the State Board of Health of New York. In this paper Dr. Balch cites indisputable proofs that ice may contain impurities, not only theoretically but also actually, dangerous to health. In 1875, an epidemic of bowel disorder occurred at Rye Beach, which, on investigation by that well-known sanitarian, Dr. A. H. Nichols, of Boston, was found to be due to the use of ice cut from a shallow pond containing a large quantity of decomposing organic matter. In 1878, Dr. C. Smart, of the U. S. Army, traced the origin of mountain fever to the snow-water of the Rocky Mountains. In 1879, an epidemic of dysentery occurred in the village of Washington, Conn., and was found to be limited to persons using ice from a small and polluted stream. In 1880, the Connecticut State Board of Health reported several cases of inflammation of the bowels, due to the use of sewage-polluted ice. In 1882, the same Board reported a case of typhoid fever in a person who had a private ice supply, cut from a pond which had received the dejecta of a typhoid fever patient. In 1884, Prof. Leidy reported to the Academy of Natural Sciences, of Philadelphia, that he had found a number of living worms and animalculæ in a specimen of ice used for cooling drinking water. In 1885, a destructive epidemic of typhoid fever occurred in Plymouth, Pa., and was traced to the dejecta of a typhoid fever patient, which froze in the snow, and afterwards thawed out and passed into the water supply of the town.

The facts just cited, and the result of investigations made by a number of competent observers, leave little doubt that the ingestion of ice is probably more dangerous than that of water which has not been frozen. It is possible that some of the effects which have heretofore been attributed to drinking-water may have rather been due to ice used to cool it with. In this city, for example, where the water-supply has been thoroughly studied and much discussed, no investigation, so far as we know, has ever led to the detection of well-recognized disease germs in the water; and it may be that

cases of disease charged against the Schuylkill water may have been caused by bacteria preserved in ice brought from a great distance.

However this may be, it is well for those to whom the health of the community is entrusted to be aware of the fact that there is good reason to believe that ice may contain the sources of disease. We do not believe that ice is a very important factor in the propagation of disease, or that what is known of its power of preserving the life of bacteria justifies any great alarm. But, in an age when disease germs are supposed by intelligent men to play such an important *rôle*, it would appear wise to warn the public that the use of ice may not be altogether free from danger.

In some European cities—Vienna, for example, where most of the ice is obtained from the muddy Danube—the inhabitants never think of putting ice into water to cool it, but accomplish this by putting vessels of water into ice. Such a plan we should think advisable in our own country, wherever it is feasible; especially as some of the bacteriological investigations, made in connection with ice, indicate that to reduce the temperature of water to the freezing point by an extreme application of cold will reduce the vitality of any germs which it may contain, without running the risk of adding to it others which may be present in a state of suspended animation in the ice itself.

OVER-EXCITEMENT OF CHILDREN.

It was one of the sayings of Goethe that whatever has proved valuable in the past will come up again for consideration, and this idea is illustrated in the fact that our attention has recently been called for a second time to a paper on what the author calls Emotional Prodigality, by Dr. C. Fayette Taylor, of New York. This paper was published in the *Dental Cosmos*, July, 1879, and it contains some truths which deserve to be brought again to the notice of thinking men and women.

Dr. Taylor's experience has made him familiar with the conditions in which many children live who suffer with wasting diseases, and especially diseases of the spinal column and joints; and it is his deliberate opinion that many of these diseases are largely fostered by undue mental and psychical stimulus. This is a fact which is, in a general way, well recognized by physicians, and to some extent appreciated by intelligent parents; but, as Dr. Taylor says, this idea is too indefinitely held to produce much good. To be of real service it must be made more precise. Many hygienists are just now trying to secure a better regulation of the studies of children, and a greater amount of wholesome recreation for them; and the dangers of too much study are not altogether ignored. But the damaging effect of the competitions and rivalries at school, or even of the ambition of a child to learn for the love of knowledge, is more clearly shown and more vigorously denounced by Dr. Taylor than by any other writer with whose work we are familiar.

Again, he points out a source of danger which we believe is not half appreciated by the community, namely, the soliciting of demonstrations of affection with which almost all little children, and especially vivacious children, are so often tormented. It is to this form of excitement that the significant term, "Emotional prodigality," is especially applicable. The effect of such kissing and hugging as most children get cannot but be injurious to the health of their minds, and Dr. Taylor has seen instances in which it was disastrous to their very bodies. As he justly remarks, these solicitations of emotion, or of a pretense of it, are exhibitions of selfishness on the part of those who make them. Parents or grand-parents, and more particularly female relatives, may be blind to this fact; but it is a fact to which their attention ought to be called; and they ought to be taught that very serious consequences may result to the little ones whom they sincerely love if they will not restrain the temptation to indulge their selfish desire to kiss and be kissed. Emotional prodigality of a dangerous sort is sometimes provoked when demonstrations of affection are lavished upon and solicited

from older children; and even in the earliest years emotional prodigality may give rise to serious disorders of the mind or body.

This is a somewhat homely subject, but one which, as we have already remarked, is of great importance, and worthy of being brought to the attention of physicians, who have it in their power to warn and instruct those who have the care of children, and who often sin against them unwittingly.

AN APPEAL FOR A NATIONAL QUARANTINE LAW.

The College of Physicians of Philadelphia appointed a special committee, Oct. 5, 1887, "to consider the present danger of the importation of cholera into this country, and to secure concerted action among the medical societies of the United States in urging upon the State and National authorities the adoption of a uniform and efficient system of quarantine for all exposed ports." This committee has just made its report to the College of Physicians in the form of an "Address to the Medical Societies of the United States," which has been approved and adopted by the College, and is now issued under its sanction.

The substance of this address, which is published in another part of the REPORTER, is that the present methods of quarantine, resting upon local authority and depending upon local support, are not sufficient to protect the interior of the country from the invasion of contagious and pestilential diseases. And all the members of the profession, especially organized medical societies, are urged to lend their influence to induce Congress to pass a proper Quarantine Law to be enforced by the National authority, and to be supported by Government funds. The need for a uniform plan of protecting the whole of the United States from the importation of disease will appear to any one who will study the subject; and it is no less clear that such a plan can be properly carried out only by the National Government.

We, therefore, heartily commend to the thoughtful consideration of our readers the address of the College of Physicians, and hope that they will take an active interest in securing for it the endorsement of the societies to which they belong.

HYDROPHOBIA.

In the last number of the REPORTER we published a clinical lecture, by Prof. Whittaker, on a case of so-called hydrophobia. We have had access to some sources of information about this case other than that supplied by Prof. Whittaker's lecture, and have come to the conclusion that it was one of what is known as lysso-phobia. The evidence shows that it is a pure assumption to suppose that the man was bitten by a dog at all; the fact being that he himself for awhile believed that the little wound in his lip was caused by a blow from the dog's nose, driving the lip against a tooth. The man seems to have done well enough until he had an attack of dyspnœa while leaning over a tub of scalding water. At this time an officious neighbor informed him that this was the way in which hydrophobia began, and at once he became alarmed, and passed through stages perfectly familiar to those who have made a special study of hydrophobia, and finally died. What share in his death is to be attributed to the treatment he received, it would be hard to say. But we warn our readers that they need never expect to cure a patient supposed to have hydrophobia, if they watch him very closely, expose him at a public clinic, offer him water, inject morphine and chloral into him; and, above all, if they add the administration of curare to these measures. A careful study of the literature of hydrophobia shows that morphia, chloral and curare—drugs recommended in most of the books—are useless and probably dangerous, given, as they usually are, in cases called hydrophobia.

These remarks are prompted by the fact that such teaching as is contained in the lecture of Prof. Whittaker, is, in our opinion, calculated to do much harm, if it be allowed to pass unchallenged.

In another part of the number of the REPORTER will be found the result of our investigation of a case of so-called hydrophobia, reported recently from Chicago—a case

which was published all over the country as a remarkable instance of the disorder. As will be seen by our report of it, it was not hydrophobia at all; but no daily paper which dilated on its horrors has published a correction of its mistake.

The last case in New York—with the points of which we cannot burden our readers—was as clear a case of delirium tremens as one would want; and yet hospital physicans there regarded it as one of hydrophobia, treating it with brandy, chloral, digitalis, and curare; confining the man in a straight-jacket, and having several men to hold him. The patient died, as might have been expected; but there is no evidence whatever that he had hydrophobia.

Let our readers take note that hydrophobia does not seem able to bear the face of skepticism; that it disappears where it is not talked about; that it flourishes where it is cultivated, as in France, and does not exist among savage and enlightened peoples. And let them sift carefully any case which seems like hydrophobia, as to its history and symptoms; let them eschew violence of act or of medication in treating it, and see what the result will be.

ILL-NATURED CRITICISM.

We regret to observe that the *Medical Press and Circular*, of London, has published, Nov. 16, 1887, with the heading, "A Gem from the American Congress," a paper which it says came into the hands of its representative at Washington. This paper, as published, contains many errors in spelling and in grammar, and the object of the *Medical Press and Circular* in printing it seems to be to hold up to public contempt the writer, and the Congress at Washington. A careful reading of the paper discloses the fact that its author had had under treatment a case of obstinate neuralgia, and desired the advice of the medical men attending the Congress as to the best way in which to treat it. The difficulties of the case are described somewhat inelegantly; but the whole paper is deserving of serious consideration, and not to be mocked at; and there is no warrant, in the circumstances connected with it, for the way in which it is made to figure as a disgrace to the medical profession in America.

We hope that the regret we feel at this act of the *Medical Press and Circular* will be shared by it on second thought; and that it will make what reparation it can for an unkindness which we trust was the result of want of reflection rather than a want of kindly disposition toward the medical men of this country.

PLUGGING.

"Plugging" is a term used in Scotland for the process known in most countries as "tamponing." At a recent meeting of the Glasgow Obstetrical and Gynæcological Society, Dr. Tindal asked what Dr. Pollock would do in a case like this: "A lady out walking is suddenly seized with hemorrhage. She faints and becomes almost pulseless. She is plugged, etc." This term sounds ludicrous and almost gross to those who are not accustomed to it; and we think it not only less elegant, but also less exact than the one with which we are more familiar.

Book Reviews.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the REPORTER.]

A COMPLETE HAND-BOOK OF TREATMENT. By WILLIAM AITKEN, M.D. (Edin.), F.R.S., etc. Edited, with notes and additions, by A. D. Rockwell, A.M., M.D., etc. 8vo, pp. 444. New York: E. B. Treat, 1887.

It is hardly necessary to say much of the general merits of this book, which is composed of the chapters on treatment taken from the seventh edition of Aitken's Encyclopædic work on the practice of medicine.

Wherein the notes and additions of the American editor consist, it is not easy to see from the book itself; and it is to be feared that the way in which they are incorporated will not be appreciated very highly by Dr. Aitken. We are sorry also to find no evidence that this book has been published in this country with due regard to the rights of authorship and publication, which the much needed international copyright law would enforce. Furthermore, it contains marks of carelessness, like the repeated use of "œ" for "æ," and of an endeavor to make the book cheap at the expense of good paper, good printing and good binding, which does not commend itself to our approval, and which we fear will not gratify the original author, if he ever sees a copy of it.

HYGIENIC PHYSIOLOGY, WITH SPECIAL REFERENCE TO THE USE OF ALCOHOLIC DRINKS AND NARCOTICS. PATHFINDER PHYSIOLOGY NO. 3. By JOEL DORMAN STEELE, Ph.D. 8vo, pp. xii, 276. New York and Chicago: A. S. Barnes & Company. Price, $1.25.

This book is an amplification of the two others of the same series which we have already reviewed, and is intended for older children. It has the defect and the merits which we pointed out in speaking of them. The same strained effort is made to prove that alcohol is an unmitigated curse to mankind as is made in its predecessors; and the same attempt to instil the principles of physiology and hygiene. We are glad to be able to speak highly of most of the teachings of this book, which is handsomely printed and well illustrated. It contains a good chapter on "Hints About the Sick-room," and on the treatment of emergencies.

MINER'S NEW INDEX REVIEW FOR STUDENTS AND PROFESSIONAL MEN. Pocket size. From 18... to 18... Published by JOEL A. MINER, Ann Arbor, Mich. Price, $1.25.

This is an exceedingly well arranged book, with pages ruled and printed in such a way that it will be easy to find any reference recorded in it. It is the kind of a book which every medical man might well have in his pocket or on his table, so that he can jot down at once any matter which he may wish to refer to afterward.

Literary Notes and Queries.

[In this column the Reporter will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—The *Sacramento Medical Times* announces that, with the January number, which begins the second volume, it will be enlarged to 48 octavo pages, and undergo other improvements. We are glad to note these and other evidences of prosperity in a journal which has secured our respect for the way in which it is conducted, and which has our hearty good wishes for the future.

—The holiday number of *Wide-Awake* is a very handsome and interesting number; but its suitableness for children is ruined, in our opinion, by a characteristic story by H. Rider Haggard, illustrated by a dreadful picture of two lions in desperate combat, and with their faces are carefully turned toward the spectator, as if they were posing to be photographed. It is a pity to spoil what otherwise would be a very good thing by putting such a story and such a picture in it.

—At the last meeting of the Medical Society of the County of Kings, N. Y., the society authorized the publication of a monthly medical journal to be known as the *Brooklyn Medical Journal.* This journal is to be edited by five members of the society, appointed by, and under the control of, the council. It will contain the transactions of each meeting, together with the papers read and the discussions thereon. It is expected that it will also contain the transactions and papers of several other societies, and items of general and local medical interest. The first number will be issued January 1, 1888. The price to be $2.00 a year.

Correspondence.

Intercostal Neuralgia Cured with Antipyrin.

Eds. Med. and Surg. Reporter:

Sirs:—I was called, on Nov. 26, to see Samuel Crawford, aged 50, who was suffering with severe intercostal neuralgia. He had been bedfast for three days, and was getting worse. He lay in one position, flat on his back, and dare not take a deep inspiration or move his body in the least. The pains, he said, "felt as if a bomb exploded in his side and tore it out." During an explosion the sweat ran off his face. There was no fever, but the heart's action was feeble and accelerated. The patient lives on the edge of a large, wet meadow, where malarial diseases are common. He told me that two years ago he had an attack of sciatica, which lasted six weeks. I never saw so bad a case of intercostal neuralgia before. I ordered for him half a grain of morphine every two hours until his pain was relieved, and six grains of quinine every four hours. I saw him the second time after sixteen hours, and his symptoms were not improved. I then ordered a teaspoonful of "Tongaline" every hour until relieved; then every two hours.

The next day the pain was gone; but the following morning he was worse than he had been at at all. I found him in great pain, and learned that he had had diarrhœa for over twelve hours. It occurred to me that the Tongaline had purged the patient, and on account of the frequent evacuations had ceased to be absorbed, thus failing to keep control of the disease. I now gave a hypodermic injection of morphine and prescribed ten grains each of bismuth subnit. and tannic acid, every two hours, until the diarrhœa was controlled. I ordered, also, ten grains of antipyrin in hot water, three times a day.

I saw the patient again the following morning, and found him comfortable, but weak. I ordered antipyrin in ten grain doses, thrice during the day, and for the next two days twice daily. He has had no pain to speak of since the evening of the first day when he took the antipyrin.

Yours truly,

C. H. Shivers, M.D.

Haddonfield, N. J., Dec. 6, 1887.

Pathological and Biological Work.

Eds. Med. and Surg. Reporter:

Sirs:—I beg to call your attention to the fact that this Laboratory has been established *for original research into the nature and*

causes of the contagious and infectious diseases of animal life. It has a general working room, supplied with all the necessary instruments and books of reference, a cultivating room, an autopsy building, and a room for raising and keeping the small animals generally used in experimentation.

It is my desire to make the Laboratory as useful to the country as possible; hence its advantages are offered to Boards of Health, Live Stock Commissioners, and Educational Institutions that may desire to have some *attaché* instructed in these especial branches. This Laboratory offers better advantages for such work than any other in the country, as we are constantly busied in investigations upon a number of diseases, and can give those desiring it an opportunity of proceeding at once in such work. We will supply workers with animals and everything necessary, except a microscope, slides, and covering glasses. In order to cover the expense of material used, a fee of $100 will be charged. The time of attendance will not be limited; but as our rooms were originally intended for personal use, we can accommodate but two persons at once. No one but graduated physicians or veterinarians will be admitted, and such persons must have the endorsements of a Board of Health, a Live Stock Commission, or the President of a University or College with which they are connected.

Yours truly,
FRANK S. BILLINGS, M.D., *Director.*
Patho-Biological Laboratory,
State University of Nebraska,
Lincoln, Neb., Nov. 28, 1887.

Spurious Hydrophobia.

[On November 22, it was reported from Chicago that a man named Bruno Mueller, of that city, was suffering with hydrophobia, and that his case presented some features which made it peculiarly interesting.

In June last, it is said, Mueller and his ten years old son were in a saloon in the neighborhood of his residence. The boy began playing with a small cur which had strayed into the place. The dog bit the lad in the hand, and while attempting to rescue his son from the animal's attacks the father was also bitten. Six weeks later the boy died, and his physicians had no hesitation in pronouncing the case one of well-defined hydrophobia. Last Saturday the father was stricken down with the same disease. On November 22, four prominent physicians were in attendance, and friends of Mueller were constantly with him to care for him in his spasms. Mr. Mueller realized his condition, and, during lucid intervals, disposed of his property.

In order to get at the facts of this case, we wrote to our correspondent in Chicago to investigate it for us, and received the following reply]:

EDS. MED. AND SURG. REPORTER:

Sirs:—Answering yours of recent date, I have carefully investigated the Mueller hydrophobia case, and there is nothing of special interest in it. It is true the boy was bitten by a supposed rabid dog, and died a short time afterward; but the animal, as is usually the case, was killed immediately afterward, which certainly buried the evidence as to whether the dog was mad or not. It is reasonable to presume, however, that the animal *was* rabid, on account of the speedy, fatal termination. That the father is now stricken down with the same disease is false. The dog's teeth simply penetrated the father's clothing, and did not leave even a perceptible impress upon the skin. The case, I find, was much exaggerated by the newspapers, and the fact of the father being sick for one day only led to the publication of the item which you sent me. I had hoped to glean information of more than ordinary interest for you in this case, but it amounts to comparatively nothing.

Yours truly,
WM. WHITFORD, M.D.
146 Warren Ave., Chicago, Ill., Dec. 1, 1887.

EDS. MED. AND SURG. REPORTER:

Sirs:—In the REPORTER of December 3, in your very valuable article on the Treatment of Typhoid Fever, you mention antifebrine. Will you kindly say how you prescribe it? I can find no satisfactory solvent. It requires too much alcohol to dissolve it. This has been my trouble with antifebrine.

May I suggest that you ask your contributors to be more explicit in some of their statements? For instance: in the REPORTER for Dec. 3, Dr. John Aulde speaks of cannabis Indica as being valuable in certain cases, in half drop doses; but fails to say what preparation he means. The fluid extract is probably meant; but, for accuracy, it should have been stated. I do not mean this for idle criticism. Correspondents would make their articles more valuable by stating more explicitly how, and in what doses, they use drugs, especially the newer ones.

This note is not designed for publication.

I am anxious, though, to know about antifebrine. Yours truly, F. H. VAN EATON.
Clear Water, Kansas, Dec. 10, 1887.

[The letter of Dr. Van Eaton, though not intended for publication, deserves this, for the sake of our readers.

His questions may be answered as follows: 1. The best way to give antifebrine is to use the powder in wafers or mingled with some syrup, like sarsaparilla. If it is to be given in solution, there is no better solvent than alcohol, or a tincture. 2. Exactness and clearness are graces which few writers possess; and, with the best endeavor to attain them, even editors do not always succeed. So we will take to ourselves, and recommend to our contributors the practical and kindly criticism of our present correspondent.—EDS. REPORTER.]

Treatment of Hemorrhoids.

EDS. MED. AND SURG. REPORTER:

Sirs:—Could I ask for information, through the columns of the REPORTER, regarding the use of carbolic acid injections in hemorrhoids? What are the details of procedure, and what has experience taught as to the efficacy of the treatment in this common and troublesome affection?

Yours truly, SUBSCRIBER.
McConnellsburg, Pa., Dec. 8, 1887.

[This subject is well described in "The Diagnosis and Treatment of Hæmorrhoids," by Charles B. Kelsey, M.D., published by Geo. S. Davis, Detroit, Mich.; price, 25 cents. It is also thoroughly discussed in "Rectal and Anal Surgery," by Edmund Andrews, M.D., published by W. T. Keener, Chicago, of which we made a review in the REPORTER, Nov. 26, 1887.—EDS. REPORTER.]

—The proposition of Health Officer Patterson, to send Philadelphia lepers to Louisiana, has not been well received in that State. President Holt, of the New Orleans Board of Health, says: We are amiable to a fault, but we are not so inconsiderate of ourselves as to permit the perpetration of a high-handed outrage of the kind proposed by Health Officer Patterson, of Philadelphia. We have no settlement for lepers, and perhaps very few more lepers in Louisiana than there are in Pennsylvania; and, even if we had such a settlement, we would not permit Philadelphia or any other place to unload their lepers upon us in the abrupt and impudent manner proposed by Health Officer Patterson.

NOTES AND COMMENTS.

Three Cases of Resection of the Intestine.

In a paper read before the Detroit Medical and Library Association, and reprinted from the *Medical Age*, September 26, 1887, Dr. H. O. Walker, of Detroit, Mich., reports three cases of resection of a portion of the alimentary canal. The first case was that of a baker, 48 years old, who always enjoyed good health until two or three years ago, when his appetite began to fail with no appreciable loss of flesh. This condition continued up to about a year and a half ago, when he observed a sense of weight in the lower part of the sacrum, and an occasional dull and aching pain in the lower portion of the rectum. In July, 1877, he had an attack of diarrhœa, with severe, acute pain at every movement of the bowels. He also passed blood and pus at times. These attacks of diarrhœa became more frequent until it became a permanent affair, necessitating the use of the water closet as often as twenty times in the twenty-four hours. He was treated all this time, by various physicians, for piles. In May, 1878, Dr. Walker, with the patient's physician, Dr. J. H. Carstens, who suspected syphilitic or malignant disease, made a thorough examination of the patient and found several rounded tumors, varying in size from a filbert to a pea, around the verge of the anus, simulating very much old external hemorrhoids with no ulcerated surface. These were also found within the rectum, but were more or less ulcerated above the internal sphincter. The disease extended up anteriorly three inches, and posteriorly about four inches, with considerable of a constriction of the bowel, admitting with difficulty a Sims' speculum. The diagnosis was encephaloid cancer, which was verified by the microscope.

On Aug. 10, 1878, Dr. Walker placed the patient in the lithotomy position, when an examination revealed a decided progress of the disease since the last examination; so that it extended in front about four inches, and behind fully five inches. The anterior wall of the rectum was quite movable, while the posterior wall was apparently adherent to the coccyx. The external incisions were elliptical, extending below to the tip of the coccyx, and about an inch above the verge of the anus, entirely encircling the diseased tissue. After cutting above the sphincters, he enucleated the remaining portions with his fingers and the aid of blunt-pointed, curved scissors. Being satisfied that all of

the disease was enucleated and pulled down, an incision was made through the healthy part of the gut, and, by means of a silver suture, made fast at the medium line above; then cutting off the remainder of the diseased portion, other sutures were introduced, stitching the healthy rectum to the integument. As it was necessary to remove a V-shaped piece from the posterior wall of the gut, no sutures were used at that point. All disease adhering to the lower part of coccyx was thoroughly removed with a pair of curved scissors. A perforated drainage-tube was introduced behind the sutures and above the rectum, the ends coming out at the lower part of the external cut.

There was but little hemorrhage, and only the middle sacral artery had to be ligated. Time of operation, one hour and ten minutes. All instruments, sponges, ligatures, etc., used during the operation, were taken from carbolized water. The wound was thoroughly washed out with carbolized water, and compresses of lint (carbolized) were applied with a T-bandage.

The patient passed a comfortable night, with slight nausea, the result of the anæsthetic. On the next day, the wound was thoroughly irrigated with warm carbolated water at intervals of every three to six hours. The temperature at 4 P.M. was 102½°, pulse 90.

On the tenth day succeeding the operation, some of the sutures pulled out and were removed. About the fifteenth day all the sutures were removed, the gut receding about an inch, with a healthy granulating surface everywhere apparent. The patient continued to gradually improve, and six weeks from the date of operation he was allowed to leave the hospital with the wound nearly healed, and able to care for himself.

Dr. Walker made a careful examination, November 1, 1878, and could not discover any evidence of return of the disease. A circular cicatricical band of half an inch in width, just within the anal orifice, served the purpose very satisfactorily of a sphincter. He had very little trouble in controlling the bowel except when the fæces were lax, and as a matter of precaution he wore a small compress of oakum, kept in place with a T-bandage. He was then working at his old trade, namely, that of baker, performing his duties as well as he ever did. His general health was good, and his weight had increased twenty odd pounds. Dr. Walker saw him at intervals until October, 1879, when he came to him complaining of pain in the region of the stomach with frequent vomiting. He was not seen again, but Dr. Walker was informed that he died some months afterward with cancer of the stomach.

The second case was that of a Canadian Frenchman, twenty-seven years old, who came under Dr. Walker's care, February 26, 1880, at St. Mary's Hospital. When first seen he presented an extremely forlorn condition, with the following history: Six days previous, while calling upon his sweetheart, his hernia, right (direct) inguinal, which had existed for four years, and was readily kept in place by a truss, came down, and, owing to the situation, he did not reduce it. On attempting reduction several hours afterwards, he found it impossible. When brought into the amphitheatre his temperature was 103½°, pulse 130, and he was delirious; so much so that it was impossible to get from him at the time an intelligent history of his case. In the right groin there was an immense black swelling extending well up the abdominal wall and down into the scrotum. It was subsequently learned, that for two or three days previous to his entering the hospital he had vomited stercoraceous matter. Using ether as an anæsthetic, Dr. Walker proceeded to operate, first drawing off with an aspirator over a pint of fetid serous fluid. He made no attempt at reduction by manipulation, but proceeded at once by an incision of several inches in length to lay open the parts. On reaching the intestine, it gave way, discharging a quantity of fæcal matter. The whole of the cæcal convexity was sphacelated, and was removed. After cutting the constriction and removing all necrosed tissue in the vicinity, which was considerable, he stitched to the abdominal wound the ends of the colon and ileum, leaving the ilio-cæcal valve in view at the opening of the wound, through which the fæcal discharges afterward took place.

The after-treatment consisted in constant irrigation of the wound with carbolated water, by means of a rubber siphon. Dr. Walker provided for keeping the patient dry by means of a large sheet of oiled silk, with an opening made through it large enough to expose the wound, and by fastening it near its edges with sticking salve. By this means he succeeded in keeping the wound clean. The recovery was tedious, and the patient became very much emaciated, although he received large quantities of nourishment in the way of milk, eggs, and beef. It will be remembered that the function of the alimentary canal was entirely cut off below the ilio-cæcal valve.

On May 1, 1880, he attempted to close the opening, by uniting the ends of the

colon and ileum, but failed. He then resorted to the method of the late Dr. Wm. A. Byrd, of Quincy, Illinois, and described by him in the Philadelphia MEDICAL AND SURGICAL REPORTER for October 25, 1879, which consists, first, in destroying the spur with a steel wire enterotome shaped like a pair of tongs, with the blades fenestrated. He introduced one blade of the enterotome into the colon, and the other into the ileum for about three inches, holding them in apposition by strong rubber bands. On the fourth day following the introduction of the enterotome there was a free evacuation from the rectum—this being the first that had occurred since his entrance to the hospital. On the sixth day he removed the enterotome. From this time on the evacutions were all from the rectum, with exception of a small quantity occasionally from the ilio-cæcal opening. On June 2, he was partially successful in closing the opening. The failure to do so entirely was due to the large amount of sloughing in the vicinity. The mucous membrane which exuded was destroyed by means of the thermo-cautery, and, finally, the whole thing cicatrized. He left the hospital in July, 1880, well and in good health. When heard from, three years ago, he was reported to be performing the work of a farm hand.

In the third case, Mrs. C., aged 32, had a slight femoral hernia that existed for several years. Dr. Walker saw her first with Dr. C. G. Jennings, June 20, 1885. The night before the Dr. had been called and treated her for what he deemed a simple case of diarrhœa and vomiting, no mention having been made to him of a hernia. In the morning, being no better, he made a thorough examination and discovered a slight femoral hernia about the size of a walnut. He made considerable effort to reduce it, but failed. In the afternoon both physicians again attempted reduction (the patient being anæsthetized), but failed. The seriousness of the case was explained to them, and the necessity of surgical interference; but they refused, wishing to wait awhile. Ice was ordered to be applied constantly to the swelling. The next morning they were sent for again, when the family consented to an operation. Cutting down and opening the sac a knuckle of ileum protruded about the size of a walnut; it was partially gangrenous. The constriction was divided and the intestines sufficiently drawn forward to expose the healthy portion.

After excising the gangrenous portion, about an inch and a half in length, Dr. Walker hesitated whether to make an artificial anus or coapt the resected ends with catgut. Hesitation, he says, undoubtedly, in this case, caused the death of the patient; yet Dr. Walker confesses that his knowledge and practice of antisepsis in this case was bad. He united the divided ends with the continuous suture of catgut and returned the bowel into the abdomen.

The patient seemed to do well for forty-eight hours (the temperature about 100°), when general septic peritonitis set in, and she died on the fourth day after the operation. An autopsy was not permitted.

"Surgeons are not agreed as to the advisability of excising a portion of the rectum for cancer—it is generally condemned. I have been chief assistant at a number of such operations, and they all died within a few days, or as many weeks, although my case might be, according to Dr. Kelsey, classed as a "literary curiosity." I shall not hesitate to give my patient the benefit of an operation in this class of cases; for, if the operation does not kill the patient, it certainly does make life more tolerable as long as the patient lives.

The conclusions to be deduced from the report of case No. 2 would be that I did the best that could be done for my patient under the circumstances. Any attempt at union of the resected ends would have been disastrous, owing to the large amount of necrosed tissue. I would have certainly had septic infection that I could not have controlled. I feel confident, that had my antiseptic precautions been perfect in case three, that the result would have been different."

Gonorrhœa in Young Children.

Dr. J. S. Prettyman, Jr., of Milford, Del., in a letter to the *Med. Record*, November 12, 1887, says that on August 25, D. L., nine years old, was sent to him by a physician from a neighboring town to be operated upon for phimosis. Upon examination an acute urethritis with balanitis was discovered, and no operation was performed. He admitted having several times in the previous three weeks attempted sexual intercourse with a colored girl, seventeen years of age. Two days afterward an older brother, aged eleven, came with the same disease, and acknowledged infection from the same source. They were both treated for gonorrhœa and are now entirely well.

On Aug. 15, he visited Miss ——, aged nine, the youngest member of a family of excellent social position, and found her with a severe urethritis and vaginitis. She had already been treated three weeks by external applications to the vulva, her physician think-

ing she had a cutaneous disease. Not wishing to humiliate the girl, Dr. Prettyman refrained from interrogating her in regard to the source of infection, but diagnosed gonorrhœa and put her under treatment. At present she micturates without pain and the discharge has entirely ceased. In these cases the physicians had failed to diagnose the disease, because they did not expect to see gonorrhœa in children so young.

Anæmia or Chlorosis of Girls.

At the meeting of the Medical Society of London, on November 14, Sir Andrew Clark read a paper on this subject, which is published in the *Lancet*, November 19, 1887. The author stated that many years ago, when studying the effects produced upon the body by the undue retention of the excretions and of the products of their decomposition, he came to the conclusion that the anæmia or chlorosis of girls was brought about for the most part by fæcal poisoning; and his later experience has given increased probability to this view. The girl who is the subject of this anæmia, while often declaring herself perfectly well, looks extremely ill. She is plump, but pallid; her countenance has a wistful or sad expression; the face is so puffed that its finer lines are effaced. The eyes are large and prominent, the conjunctivæ are white and watery, the pupils dilated, and the eyelids swollen; the lips are full and of a pale purple color. In addition, it is found, on cross-examination, that she suffers from various nervous symptoms and has digestive disturbances, with inadequate or irregular discharges of fæces. The genital disorders of chlorosis may be summed up by saying that the menstrual period is usually regular; that the discharge is scanty, pale and otherwise altered; that sometimes there is amenorrhœa; that on rare occasions the menstrual flow becomes excessive and irregular; and that almost always there is a leucorrhœal discharge. He further said that the condition was one which was not confined to any particular class of society; it occurred in the underfed and the overfed, in the rich and the poor alike. The alleged special causes which have been put forward with respect to the causation of anæmia by Virchow, Germain Sée and others, are all inadequate to account for it. In speaking of his own opinion as to the cause of the disease, he said that girls at puberty began to think more about their personal appearance; they ceased to take the same active exercise as before; they pinched in their waists and developed a self-consciousness in all their acts which led to their being very shy about going to the closet. He quoted the researches on the subject of the formation of alkaloids in the intestines, and urged that everything pointed to a toxic absorption. In collateral proof of his assertion he instanced the almost invariable success which attended the administration of aperient mixtures, which unloaded the bowels and restored things to their normal condition. He discussed the dietetic and medicinal treatment of such cases in detail, and pointed out that aperients were even more essential than ferruginous preparations. In patients who had been treated without success for months a cure was rapidly effected if these principles were borne in mind. To maintain the cure it was of course essential to prevent the recurrence of the condition of things which had given rise to it.

The following is a prescription which he very commonly uses for this disorder:

℞ Ferri sulph. . . . . gr. xxiv
Magnesiæ sulph. . . . . ʒvj
Acid. sulph. arom. . . . . f ʒj
Tinct. zingiberis. . . . . f ʒij
Inf. gent. co. *vel*,
Inf. quassiæ. . . . . f ʒviij

M. Sig. — One-sixth part twice daily, about eleven and six.

In the discussion which followed the reading of his paper, in answer to the objection that if fæcal accumulation caused this form of anæmia it ought to be as frequent in boys as in girls, Sir Andrew Clark said that it was not accumulation of fæces in the rectum which caused the disease, but accumulation of fæces in the colon.

Fluid Extract of Pichi in Vesical Catarrh.

Dr. H. S. Dalamere, of Lubec, Me., in a letter to the *Med. Record*, referring to the use of pichi in the treatment of catarrh of the bladder, relates the following case:

A. B——, aged twenty-eight, had been suffering for two years from vesical catarrh. He had had gonorrhœa, but a No. 21 (French) bougie passed without difficulty, causing, however, considerable vesical tenesmus. When called to see him Dr. Delamere found that he was passing urine every hour during the day, and four or five times during the night. The urine was alkaline, ropy, and ammoniacal, and the microscope revealed pus. The usual remedies prescribed in country practice, such as buchu, uva ursi, etc., were used, but without benefit. The bladder was then washed out by means of the double-channel catheter, with the effect of relieving the patient slightly. The least exposure, however, aggravated all

the symptoms and caused as much suffering as ever. After about a year and a half of constant treatment, with no other result than to keep the disease at bay, fluid extract of pichi was tried. After the patient had taken it a few days he expressed himself as feeling better, only getting up twice during the night. But, while obliged to wait for a fresh supply, the patient grew worse, being obliged to get up three or four times during the night. As soon as the drug arrived it was given him, in doses of twenty drops four times a day, which dose was subsequently increased to thirty drops. In a few weeks the patient was so much better that washing out of the bladder was abandoned, and at the time of the report he was at work, the urine being clear, free from mucus and pus, and with no ammoniacal odor. He slept well and did not have to get up more than once during the night. Although he recently suffered from a severe cold, the bladder trouble did not return. The man's general appearance is healthy, appetite good, and he seems well.

News Items.

—An epidemic of measles has broken out in Lille, France, and is reported to be making great ravages.

—The Newark Medical and Surgical Society has been organized by twenty physicians for the purpose of discussing scientific, medical and surgical subjects.

—Dr. M. Allen Starr is to succeed Dr. E. C. Seguin as Clinical Professor of Diseases of the Mind and Nervous System, at the College of Physicians and Surgeons, of New York.

—Dr. Asa Gray, the eminent botanist, lies ill at his home in Cambridge, suffering from a stroke of apoplexy, from which it is feared he will not recover. Dr. Gray is 77 years old.

—Diphtheria of a peculiarly fatal character is prevalent in Montreal, Quebec. In the last week in November there were thirty-two deaths from the disease, and the death-rate shows no signs of decreasing.

—The Department of Public Safety, in Philadelphia, has directed the police in various districts of the city to procure specimens of milk from dairymen, in order that they may be tested by Dr. Cresson, a public analyst.

—Malignant diphtheria has broken out in the Orphan Asylum connected with St. Joseph's Convent, at Marquette, Mich. There were four deaths on December 2, and over twelve more alarming cases were reported among the children.

—Louis C. Schulmeyer, a druggist who was supposed to have dropped dead from heart disease in a wholesale drug store in Indianapolis, the last week in November, committed suicide by hydrocyanic acid, of which he swallowed nearly an ounce.

—A telegram from Little Rock, Ark., dated December 5, says: Alarming reports continue to come in of the spread of black diphtheria in Clay and adjoining counties. Local physicians are unable to control the disease. There have been over fifty deaths within three weeks.

—Dr. Van Reuterghem is authority for the statement that there are no less than eight different kinds of aconitine in the various European markets, differing from one another to such an extent that some samples are several hundred times more poisonous than others.

—Arsenic is said to have been discovered by Scholvien in many samples of chloroform. Its presence may be accounted for by supposing that arsenic was in the sulphuric acid or the manganese used in the manufacture of the chloride of lime, with which the chloroform had been made.

—Some friends of the late Dr. T. R. Varick are getting up a memorial of his devotion to his profession and long and arduous services at St. Francis' Hospital. The memorial will be in the form of a complete case of surgical instruments and sick-bed appliances, which will be presented to the hospital.

—A Babies' Hospital has been incorporated in New York City, and has purchased a house, and now appeals to the public for support. The statement is made that, out of 10,000 beds in the various New York hospitals, only 27 are devoted exclusively to children under one year of age. This statement cannot be held to mean that 9973 hospital beds in New York are used exclusively for persons over one year of age, and that only 27 babies can be treated in the hospitals of New York at one time. But it certainly justifies an effort to provide a special hospital for infants. As the managers of the new corporation say, infants require a sort of care which is hard to get in a general hospital, and we have no doubt that a hospital for infants especially, under the care of such medical men as are connected with this new enterprise, will prove beneficent to many little sufferers, and provide a valuable place for instruction in the treatment of the diseases of infancy and early childhood.

Humor.

As Directed.—Old lady (in drug store to small boy): "What am I to take this medicine in, sonny?" Sonny: "Take it in your mouth, mum."—*New York Sun.*

The editor of an agricultural paper wrote to one of his subscribers that he would be glad to receive something from his pen. To his surprise, the farmer at once sent him—a pig!

An emetic was prescribed by a physician to a patient, who replied, "Doctor, there's no use in giving me an emetic. I've tried it twice before, and it won't stay on my stomach."

As soon as you forget to pay a man a small sum you owe him, tell him so and he will be satisfied. It is the putting off, and putting off, of such payments, and not telling the man you have forgotten it, that makes him mad.

Hypochondriac: "I am feeling very blue this morning." Doctor: "What's the matter?" "Every time I feel my nose it hurts me." "But you are not obliged to feel your nose." "But how can I tell whether it hurts unless I feel it?"—*From the German.*

"Doctor," said a wealthy Boston patient," I want you to be thorough, and strike at the root of the disease." "I will," said the doctor; and brought his cane down with a smash on a decanter standing on the side-board. It was his last professional visit at that house.

—Dr. Holmes, on being asked when the training of a child should begin, replied: "A hundred years before it is born." Unborn parents should remember this and commence in time. There would be fewer dudes and Anarchists in existence 100 years hence."—*Norristown Herald.*

Enter Irishman (picking up a 6-oz. bottle from counter): "Good marning, yer honor! What would be the price of a bottle this size?" Druggist: "Two-pence; but if you are going to have anything put in it, it will cost one penny." Irishman: "Faith, then, yer honer, shove a cark in."—*Chemist and Druggist.*

Robinson—Are you off for a trip, Brown?

Brown—Yes, I'm going to take a four-weeks' run over to London, Paris, and some of the German capitals.

Robinson—Business?

Brown—No, health. My physician says my system is all run down, and that I need absolute rest.

An editor, who does not mind a joke at his own expense, says he went into a drug-store recently and asked for some morphine. The assistant objected to giving it without a prescription. "Why?" asked the editor; "do I look like a man who would kill himself?" "I don't know," said the assistant; "if I looked like you I should be tempted."

Reporter (to eminent physician)—"Anything new this morning, doctor?"

Eminent Physician—"Oh—um—ah, yes—an operation at the Cheek and Chin Hospital, one of the most wonderful known to science. I took out a man's pericardium, put three stitches in it, and restored it. The patient lived twenty minutes. A most rare and successful case."

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Dec. 11, 1887, to Dec. 17, 1887:

First Lieutenant W. B. Banister, Assistant Surgeon, ordered to proceed at once from Fort Lowell, Ariz., to Fort Wingate, N. M., and report to the Commanding Officer for duty. S. O. 128, Dept. Ariz. Dec. 11, 1887.

First Lieutenant H. S. T. Harris, Assistant Surgeon, ordered from Fort McIntosh to Camp Pens, Colorado, Texas.

First Lieutenant Paul Clendenin, Assistant Surgeon, ordered from Camp Pens, Colorado, Texas, to Fort McIntosh, Texas. S. O. 143, Dept. Texas. Dec. 12, 1887.

First Lieutenant J. M. Cabell, Assistant Surgeon, ordered for duty at Fort Niobrara, Neb. S. O. 286, A. G. O. Dec. 9, 1887.

Changes in the Medical Corps of the Navy, during the week ending Dec. 17, 1887:

Medical Inspector A. Hudson, ordered to the "Trenton."

Medical Inspector N. L. Bates, detached from the "Trenton," and put on waiting orders.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for the week ended Dec. 19, 1887:

R. D. Murray, Surgeon, granted leave of absence for 14 days. Dec. 8, 1887.

J. M. Gassaway, Surgeon, granted leave of absence for 15 days, to take effect when relieved. Dec. 17, 1887.

Fairfax Irwin, Surgeon, relieved from duty as Act, ing Chief Clerk, Office Supervising Surgeon-General, * and to await orders.

S. D. Brooks, Passed Assistant Surgeon, granted leave of absence for 30 days, to take effect when relieved. Dec. 15, 1887.

W. P. McIntosh, Assistant Surgeon, to proceed to Wilmington, N. C., for temporary duty. Dec. 13, 1887.

G. M. Magruder, Assistant Surgeon, granted leave of absence for 21 days. Dec. 19, 1887.

*P. M. Carrington, Assistant Surgeon, ordered to examination for promotion. Dec. 14, 1887.